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IN THIS NUMBER: Full Text of the Hughes Health Law as Amended by the Griswold Act—The Trachoma Problem in Ohio—Editorials Explaining New Phases of Local Health Reorganization—Story of a Nursing Demonstration That Proves the Value of the School Nurse.

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EDITORIALS

Eleventh-Hour Changes in the Hughes Act

Changes in plans for local health reorganization in Ohio have come with lightning like rapidity in recent weeks. The Hughes Act has been radically amended and January 1 will see the installation of a health administrative system greatly different from that for which preparations have been going on throughout the summer and fall.

The Hughes Act was first attacked upon financial grounds. A statement in this regard from the Auditor of State was given wide publicity. The attitude of the State Department of Health on this phase of the question was set forth clearly in the October OHIO PUBLIC HEALTH JOURNAL. The Department admitted that budgets adopted in certain counties would overtax the financial abilities of these counties for the opening year, but it maintained — with reason, it still believes — that after the first shock of readjustment was passed the benefits accruing to any county in Ohio from a Hughes Act health department would more than justify the expense of maintaining such an organization. The Department further pointed out that, beyond the reasonable minimum required by the law, the extent of health organization to be maintained in any county was left entirely to the discretion of the district advisory council, the representatives of the municipalities and townships composing the general health district. If these representatives approved budgets beyond their ability to pay, that fact was not due to any inherent weakness in the law.

To prevent extravagant district budgets, the Department, at the suggestion of the Governor, prepared tentative amendments to the Hughes Act, requiring approval of all budgets by a board consisting of the Governor, the Auditor of State and the State Commissioner of Health.

When the General Assembly reconvened December 1, after the summer recess, changes in the health laws were one of the chief items on the legislative program. The proposed amendments just mentioned were not introduced in the form of a bill. The first health bill presented was that of Senator Archer, proposing to repeal the Hughes Act in its entirety and return to the old township, village and city health district system,

which passes out of existence at the end of 1919. This measure did not come to a vote, as sentiment centered about the Griswold Bill, introduced a short time later.

A decision of the Supreme Court came in at this point to influence the remodeling of the Hughes Act. In the case of Elyria vs. Vandemark, the Supreme Court held that a law providing that cities under 20,000 in population might combine the offices of safety director and service director was unconstitutional, because it established a classification of municipalities other than the grouping into cities and villages provided by the constitution. The inference was that the Hughes Act, by placing cities over 25,000 in a different class from those under that population, would also be held unconstitutional if it should come before the court.

The Griswold Bill corrected this defect of the Hughes Act by establishing all cities, instead of only those above 25,000 in population, as city health districts (this appellation replaced that of municipal health district, the name used in the original Hughes Act). The townships and villages of each county were left as a general district. General district boards of health were required to employ only a health commissioner, who might be either a whole-time or a part-time employee, as decided by the board; the Hughes Act required each district to employ a health commissioner, at least one nurse and at least one clerk, all on a whole-time basis. Civil service sections of the Hughes Act were dropped, leaving the boards free to select their employees without restriction, other than the requirement that the general district health commissioner should be a licensed physician. Most of the duties of health boards made mandatory by the Hughes Act were transformed by the Griswold measure into powers to be exercised at the discretion of the board. The State subsidy section was left substantially as in the original Hughes Act — a payment by the State to each district of an amount equal to one-half the total of salaries paid to the health commissioner, public health nurse and clerk, up to a maximum subsidy of $2,000 per year for any one district.

An effort was made to amend the Griswold Bill so as to make the subsidy payable only to those districts employing full-time health commissioners possessing qualifications fixed by the State Department of Health, and to make the amount of the subsidy two-thirds of the commissioner's salary. This was unsuccessful and the bill was passed December 18, as an emergency measure, practically as introduced. The only important amendment in the act as passed makes the general district health board budget subject to review by the county budget commissioners, instead of by the district advisory council. To facilitate the change from the Hughes Act system to the modified plan of organization,

a section was added providing that members already chosen for general district boards of health should continue to serve, except where the separation of the smaller cities from the general districts should make certain members non-residents of their respective general districts.

The amended health district law is printed in this magazine, unamended sections of the original Hughes Act being included with those changed by the Griswold Act, in order to give a comprehensive statement of the law as it now stands.

* * *

Department Will Aid Districts in Building Up Organization

The State Department of Health has a natural feeling of disappointment at the rejection of the Hughes Act health administrative system before it had even received a trial. Since, however, the people have spoken through their representatives and indicated that they do not desire that system, the Department feels that its duty is not to waste time in criticism but to proceed immediately with constructive work under the Griswold Law.

The amended act makes it possible for a county or a city to go as far as it likes in providing for protection of the public health. To aid the districts in erecting their new machinery, the Department places its knowledge and experience at the disposal of the local officials and will give all needed advice and assistance.

The Department does not intend to adopt a "driving" policy. Its function, as it understands the intent of the modified law, is to lay the facts clearly before the districts and leave the local boards free to act as they may see fit. In carrying out this function it will grasp every opportunity to give the public accurate information as to health conditions in the State and in the various local communities of the State.

The amended health district law offers great possibilities for good, when the people grasp fully the importance of adequate health organization in community progress. Attainment of satisfactory results will of course be slower under it than it would have been under the original law. The State Department of Health has taken up the task of reorganization with a desire to secure the maximum health protection possible in each district immediately and to effect gradual improvement as time passes. To bring about this result it asks the willing co-operation of all Ohioans who are seriously interested in the welfare of the people of the State.

The Question Which Every Health District Faces

Whatever may be thought of the desirability of the changes in Ohio's fundamental health law provided for by the Griswold Act, one very apparent fact stands out:

Every city and every county in the State can decide for itself whether it wishes to enjoy the degree of health protection which all competent authorities agree is obtainable only through the employment of a trained, competent whole-time health officer and a competent and adequate corps of assistants.

Those who have been complaining during past months about an "unnecessarily complicated and expensive health organization thrust upon them by State officials" are now facing a practical question and are free to answer it in their own way.

The people of every county in Ohio are in dire need of better health protection than they are now receiving. Many lives are being thrown away every year. Much unnecessary sickness is inflicting suffering and loss of time and money upon the people of every community in the State. Statistics back up these statements. To deny them is to confess ignorance of the subject and incompetence to discuss it.

Probably some who opposed the Hughes Act health organization will oppose adequate organization under the Griswold amendments, and in some counties their influence will probably prevail for a time. The people of their counties and cities will suffer as a result.

For the prediction may be made with absolute confidence that the results of inadequate health organization will stand out clearly in comparative mortality and morbidity statistics for the various districts two or three years from now. The county which installs a part-time health commissioner, without nursing or clerical assistance, need look no further than that fact when it wonders in 1923 why its preventable disease death rates are higher than those of its neighbor which employs a full-time commissioner and a sufficient number of assistants.

It is for the people themselves to decide how much health protection they want. "Public health is purchasable." How much will your district buy?

* * *

Consider Public Health Expenditure as an Investment

It will be noted upon study of the Hughes Act, as amended by the Griswold Act, that the remodeling of the law leaves the financial sections practically unchanged. It still rests with district boards of health, district advisory councils and county

auditors to give due consideration to financial resources of their districts in formulating their health budgets.

It is undoubtedly true in some cases that this was not done in formulating the original Hughes Act budgets. Excessive budgets, however, would have been pared down even had the law not been amended, as special sessions of district advisory councils to take such action were being arranged.

Amendment of the law makes necessary the readoption of budgets in the various districts, and gives the opportunity for necessary adjustments.

A possible tendency to underestimate the funds available for support of the health organization should be guarded against. Every district should attempt to keep its health expenditures within its means, but just as certainly every district should devote to health purposes every dollar which can possibly be raised for such activity.

Investment in public health is sound financial policy. No county is using the public money wisely unless it devotes an ample share of the funds to betterment of the public health.

* * *

A Chance for an Ohio County to Make Itself Famous

What county will be the first in Ohio to install a real, modern health department in accordance with the provisions of the amended Hughes Act?

Here is an opportunity for a county to gain just and lasting fame — and, moreover, to prepare the path for greater happiness and prosperity of the people.

Ohio has been praised throughout the country for the passage of the Hughes Act, generally considered the most important piece of public health legislation ever enacted in the United States. Various circumstances have made a slight backward step necessary, and the State now presents a less united front against disease than when the Hughes law was intact.

The opportunity previously seized by the State, however, is now open to every county. Each health district has the power to lead the way toward better rural health conditions.

It will be no small honor to a county to have it written in its records for years to come that it was the first in Ohio to provide adequately for the protection of the health and life of its people.

What the Whole-Time Health Officer Can Accomplish

Why the whole-time health officer? This question is probably puzzling many persons who have paid little attention to the activities of their health departments in past years and who have suddenly had their interest aroused by the discussion of improved health organization that has been in progress in the State for the past year.

The employment of practicing physicians to give part of their time to the business of being health officer, while attempting to carry on private practice, has never given good results. Health workers themselves have long understood this, but the general public, not being in close touch with the situation, has been slower to grasp the fact. Many persons, however, had the defects of the part-time system impressed upon their minds last winter, when the influenza epidemic so burdened many part-time health officers with the demands of private practice that public health duties received little or no attention.

This is an extreme instance showing a situation that is constantly present under the part-time health officer system. The practicing physician is usually busiest with his practice when there is greatest need of his service as health officer, and it is usually the health work that is neglected when there is a conflict between the two. To prevent disease successfully requires hard and uninterrupted work, and this sort of work is not done except when some one's living depends upon doing it promptly and well.

The greatest danger in the health system that is now being constructed is that too many districts will fail to take advantage of their opportunity to obtain whole-time service from their health commissioners. And by the same process of reasoning, progress made under the Griswold Act will depend almost entirely upon the extent to which district boards observe the principle of whole-time employment of competent health commissioners.

* * *

Red Cross and State Work Together in Nursing Service

Unification of the Red Cross public health nursing service in Ohio with the nursing services maintained by the official health agencies of the State has been achieved through an agreement between the Red Cross and the State Department of Health.

Under this agreement Miss Hulda A. Cron, chief of the Bureau of Nursing Service in the State Department of Health, becomes Red Cross nursing supervisor for Ohio also. The two nursing corps are thereby brought under one central control.

Each local Red Cross public health nurse will be placed under the direction of the district board of health and will become an integral part of the board's nursing staff. In this way duplication of effort by the two staffs will be prevented.

The Lake Division of the Red Cross will supply three assistant supervising nurses, to be added to the five already provided for by the State Department of Health. One of these eight supervisors will be assigned to each of the eight supervisory health districts of the State.

The willingness of the Red Cross to join forces with the State Department of Health insures better public service to the people of Ohio. Red Cross aid will make possible the maintenance of adequate nursing forces in counties where shortage of public funds at present would make this exceedingly difficult. And the combination of the two organizations makes it certain that neither will waste time and money by duplicating the other's work.

The Red Cross deserves the gratitude of the people of Ohio for its thoroughly unselfish and public-spirited policy.

* * *

Smallpox Worse in Ohio Than in Balkan Country

Smallpox prevalence is much worse in Ohio than in disease-ridden Serbia, to which country's aid the medical forces of the world have rallied in the past three years. Serbia is now free from smallpox for the first time in five years and only three cases are reported in the entire kingdom, said recent news reports from Belgrade. In the State of Ohio, from January 1 to December 1, 3,624 cases were reported. The year's total will probably reach 4,000.

Ohio is in need of methods similar to those pursued in Serbia. Smallpox is one of the most easily preventable diseases. Records show that a case of smallpox in a person who has recently been successfully vaccinated is exceedingly rare.

Any community which desires to rid itself of smallpox as war-ravaged Serbia has done can accomplish this result in a month by general vaccination of the population.

Any one who goes through the winter unvaccinated will be in grave danger of contracting smallpox. With the large number of cases existing in the State, the chances for exposure are great, as many cases go unrecognized in the early stages and scatter the infection among the public.

New Cancer Booklet of Value to Doctor

To present to the physician in concise form an accurate statement of the present scope of medical knowledge of cancer, the American Society for the Control of Cancer, with the co-operation of the American Medical Association's Council on Health and Public Instruction has recently issued a handbook entitled "What We Know About Cancer."

Delay is the great factor in cancer mortality. Four-fifths of the cancer deaths, authorities agree, could be prevented by early recognition. Public education is one important means of preventing undue delays, but evidence indicates that education of the medical profession itself is of equal if not greater importance. Statistical studies have shown that in the majority of cases the doctor has had the cancer patient under observation a year or more before instituting efficient curative treatment. During this year the majority of cases have changed from curable to incurable. The new handbook itself says: "The conditions call for a far keener appreciation of responsibility for the mortality from cancer than now generally exists in the medical profession."

The booklet is well worth the study of the physician who wishes to put himself in possession of the most recent authoritative information in regard to cancer. In view of the energetic campaign now being carried on by a committee of the Ohio State Medical Association, the handbook should have a wide circulation among Buckeye doctors.

Copies can be obtained either from the American Medical Association or from the American Society for the Control of Cancer, 25 West Forty-fifth Street, New York, for a nominal price of ten cents each, to cover the cost of printing and postage. The State Department of Health strongly recommends the book to Ohio physicians.

* * *

Don't Eat Food Which Doesn't Taste Right

The "olive poisoning" investigation of the State Department of Health, outlined elsewhere in this magazine, illustrates the great need for individual caution in regard to food supplies.

The regrettable fatalities at Canton and Detroit seem to have been purely accidental. The infective organism was present, the investigation indicated, in only one comparatively small factory lot of olives. It does not appear to have been the result of carelessness in manufacture and no more is known now than was known before as to the cause and prevention of such contamination of food products. The presence of the

botulinus bacillus in the olives must be classed among those accidents which will happen occasionally despite precautions.

Evidence indicates, however, that some, if not all, of the Canton victims detected "something wrong" with the olives as soon as they tasted them. Several refrained on this account from eating them. Since the severity of the poisoning was in direct ratio to the amount of olives consumed by the individual, it is probable that several lives might have been saved if all had heeded the warning conveyed by the bad taste.

Though health officials have learned little of a scientific nature from the poisonings, individuals can take this lesson in personal hygiene to heart: "Don't eat food which has the slightest unnatural taste." A thousand instances of over-caution in this regard will be justified by one such escape from danger.

Right and Wrong Way to Battle Diphtheria

Correct and incorrect methods of checking diphtheria outbreaks are exemplified in recent experience of two northern Ohio towns with epidemics of that disease.

At Forest, Ohio, control measures which were instituted brought a threatening epidemic to a close within three weeks, permitting the schools to remain open throughout that period.

In another town less than fifty miles away, where local officials handled the situation, schools were closed twice in unsuccessful efforts to check the disease.

Bacteriological examination of throat swabs taken from all school children and teachers, followed by isolation and treatment of all found in an infectious condition, was the method employed at Forest. Six diphtheria carriers were found among the 350 pupils and teachers examined. No new cases developed after these measures were put into operation, and all previous cases were cleared up within three weeks.

Forest, which reported ten diphtheria cases in October had only three recorded for November. The other community, in addition to suffering the inconvenience of closed schools, had an increase in reported cases from nine in October to fourteen in November.

High diphtheria prevalence throughout the State demands careful attention of school and health officials, in the opinion of the State Department of Health. Thorough bacteriological control, as employed at Forest, is urged. Specimens are examined free for Ohio physicians by the laboratories of the Department.

Hughes Health Law, as Amended by Griswold Act

NOTE.—The Hughes Act (Sections 1261-16 to 1261-43, General Code, inclusive), was passed April 17, 1919. It will be found in 108 Ohio Laws, Part I, pages 236-251, and was published in the OHIO PUBLIC HEALTH JOURNAL for July, 1919. The Griswold Act was passed December 18, 1919. The sections as here printed are in their final amended form. Section 1245, 1246, 4429, 4430, 4436, 4437, 4476 and 12785, which were amended in the original Hughes Act and which were left without further change in the Griswold Act, are not reprinted here; they may be found by consulting the references just cited.

SECTION 1261-16. For the purposes of local health administration the state shall be divided into health districts. Each city shall constitute a health district and for the purpose of this act shall be known as and hereinafter referred to as a city health district. The townships and villages in each county shall be combined into a health district and for the purposes of this act shall be known as and hereinafter referred to as a general health district. As hereinafter provided for, there may be a union of two general health districts or a union of a general health district and a city health district located within such district.

SECTION 1261-17. In each general health district, except in a district formed by the union of a general health district and a city health district, there shall be a district board of health consisting of five members to be appointed as hereinafter provided and as provided in Section 4406 of the General Code. The members of the board of health of a general health district shall receive no compensation for their services but shall be reimbursed for all necessary and lawful expenses incurred in attending meetings of the board. A vacancy in the membership of the board of health of a general health district shall be filled in like manner as an original appointment and shall be for the unexpired term. Provided, that when a vacancy shall occur more than ninety days prior to the annual meeting of the district advisory council the remaining members of the district board of health may select a resident of the district to fill such vacancy until such meeting. A majority of the members of the district board of health shall constitute a quorum.

SECTION 1261-18. Within sixty days after this act shall take effect the mayor of each municipality not constituting a city health district and the chairman of the trustees of each township in a general health district shall meet at the county seat and shall organize by selecting a chairman and a secretary. Such organization shall be known as the district advisory council. The district advisory council shall proceed to select and appoint a district board of health as hereinbefore provided, having due regard to the equal representation of all parts of the district. Where the population of any municipality represented on such district advisory council exceeds one-fifth of the total population of the district, as determined by the last preceding federal census such municipality shall be entitled to one representa-

tive on the district board of health for each fifth of the population of such municipality. Of the members of the district board of health, one shall be a physician. Annually thereafter the district advisory council shall meet on the first Monday in May for the purpose of electing its officers and a member of the district board of health and shall also receive and consider the annual or special report of the district board of health and make recommendation to the district board of health or to the state department of health in regard to matters for the betterment of health and sanitation within the district or for needed legislation. It shall be the duty of the secretary of the district advisory council to notify the district health commissioner and the state commissioner of health of the proceedings of such meeting. Special meetings of the district advisory council shall be held on request of the district board of health or on the order of the state commissioner of health. On certification of the chairman and secretary the necessary expenses of each delegate to an annual or special meeting shall be paid by the village or township he represents. The district health commissioner shall attend all meetings of the district advisory council.

SECTION 1261-19. Within thirty days after the appointment of the members of the district board of health in a general health district, they shall organize by selecting one of the members as president and another member as president pro tempore. The district board of health shall appoint a district health commissioner upon such terms, and for such period of time, not exceeding two years, as may be prescribed by the district board. Said appointee shall be a licensed physician and shall be secretary of the board and shall devote such time to the duties of his office as may be fixed by contract with the district board of health. Notice of such appointment shall be filed with the state commissioner of health. The district health commissioner shall be the executive officer of the district board of health and shall carry out all orders of the district board of health and of the state department of health. He shall be charged with the enforcement of all sanitary laws and regulations in the district, and shall have within the general health district all the powers now conferred by law upon health officers of municipalities. It shall be the duty of the district health commissioner to keep the public informed in regard to all matters affecting the health of the district.

SECTION 1261-20. When it is proposed that a city health district unite with a general health district in the formation of a single district, the district advisory council of the general health district shall meet and vote on the question of union and it shall require a majority vote of the total number of townships and villages entitled to representation voting affirmatively to carry the question. The council or body performing the duties of council of the city shall likewise vote on the question and a majority voting affirmatively shall be required for approval. When the majority of the district advisory council and council of the city have voted affirmatively, the chairman of the district advisory council and the mayor or chief executive officer of the city shall enter into a contract for the administration of health affairs in the combined district. Such contract shall state the proportion of the expenses of the

board of health or health department of the combined district to be paid by the city and by that part of the district lying outside such city; shall provide for the amount and character of sanitary service to be rendered in the parts of the district lying outside such city and the date on which the board of health or health department of the city shall take over the administration of the combined health district. A copy of such contract shall be filed with the state commissioner of health.

After such union is completed the board of health or health department of the city health district shall have within the combined district all the powers hereinafter granted to and perform all the duties herein or hereafter required of the board of health of a general health district.

SECTION 1261-21. Where it is proposed that two general health districts shall unite in the formation of one general health district, the district advisory council of each general health district shall meet and vote on the question of union and an affirmative majority vote of the total number of townships and villages entitled to representation on the district advisory council shall be required for approval. When the two district advisory councils have voted affirmatively on the question they shall meet in joint session and shall elect a district board of health for the combined districts and not more than three members shall be from any one original district.

When such union is completed such district shall constitute a general health district and shall be governed in the manner herein provided for general health districts. Where two general health districts unite to form one district, the office of the district board of health shall be located at the county seat of the most populous county, except that for good cause such office may, with the approval of the state commissioner of health, be located in the municipality most accessible by usual means of transportation to the whole of the district.

SECTION 1261-22. In any general health district the district board of health may upon the recommendation of the health commissioner appoint for whole or part time service a public health nurse and a clerk and such additional public health nurses, physicians and other persons, as may be necessary for the proper conduct of its work. Such number of public health nurses may be employed as is necessary to provide adequate public health nursing service to all parts of the district. The district health commisisioner and other employes of the district board of health may be removed for cause by a majority of the board. The board of health of each district may provide such infant welfare stations prenatal clinics and other measures for the protection of children as it may deem necessary. It may also provide for the prevention and treatment of trachoma and may establish clinics or detention hospitals and provide the necessary medical and nursing service therefor.

[Section 1261-23 repealed.]

SECTION 1261-24. If in any general health district the district advisory council shall fail to meet or to select a district board of health, within ninety days after this act shall take effect, the state commissioner of health may, with the consent of the public health council, appoint a district board of health

for such district which shall have and exercise all powers conferred by this act on district boards of health.

SECTION 1261-25. If the state commissioner of health shall find that the district health commissioner or the members of the board of health of a general or city health district, or any member thereof, has failed to perform any or all the duties required by this act, he shall prefer charges against such district health commissioner or such members of the board or such member before the public health council and shall notify such commissioner or the members of such board or such member as to the time and place at which such charges will be heard. If the public health council shall, after hearing, find the district health commissioner or members of such board or such member guilty of the charge or charges, it may remove such district health commissioner, members of the board or such member from office. When all, or a majority of the members of the board of health of a general or city health district are so removed from office, the district advisory council or the mayor of the city, upon notice of such removal, shall within thirty days after receipt of such notice select a new board of health or members to fill the vacancies caused by removal, and if the district advisory council or mayor fails within sixty days, to select such board or such member or members, the state commissioner of health, with the approval of the public health council, may appoint a board of health for such general or city health district to fill the vacancies caused by removal.

SECTION 1261-26. In addition to the duties now required of boards of health, it shall be the duty of each district board of health to study and record the prevalence of disease within its district and provide for the prompt diagnosis and control of communicable diseases. The district board of health may also provide for the medical and dental supervision of school children, for the free treatment of cases of venereal diseases, for the inspection of schools, public institutions, jails, workhouses, children's homes, infirmaries and other charitable, benevolent, correctional institutions. The district board of health may also provide for the inspection of dairies, stores, restaurants, hotels and other places where food is manufactured, handled, stored, sold or offered for sale, and for the medical inspection of persons employed therein. The district board of health may also provide for the inspection and abatement of nuisances dangerous to public health or comfort, and may take such steps as are necessary to protect the public health and to prevent disease.

Provided that in the medical supervision of school children as herein provided, no medical or surgical treatment shall be administered to any minor school child except upon the written request of a parent or guardian of such child; and provided further, that any information regarding any diseased condition or defect found as a result of any medical school examination shall be communicated only to the parent or guardian of such child, and if in writing shall be in a sealed envelope addressed to such parent or guardian.

SECTION 1261-27. Each district board of health may provide for the carrying on of such laboratory work as is necessary for the proper

conduct of its work. It may establish a district laboratory or may contract with any existing laboratory within or convenient to the district for the performance of such work, or may unite with another district in the establishment of a joint laboratory. It shall be the duty of all state institutions supported in whole or in part by public funds to furnish such laboratory service as may be required by any district board of health under terms to be agreed upon. Any contract for the furnishing of laboratory service to a district board of health and any proposal for the establishment of a joint laboratory, shall be subject to the approval of the state commissioner of health. In the operation of such laboratories standard methods approved by the state commissioner of health shall be used.

SECTION 1261-28. Each district board of health may provide for the free treatment of cases of gonorrhea, syphilis and chancroid. It may establish and maintain one or more clinics for such purpose and may provide for the necessary medical and nursing service therefor. The district board of health may provide for the quarantine of such carriers of syphilis, gonorrhea, or chancroid as the state commissioner of health shall order to be quarantined. It shall use due diligence in the prevention of such venereal diseases and shall carry out all orders and regulations of the state department of health in connection therewith.

SECTION 1261-29. Each district board of health shall provide for the free distribution of antitoxin for the treatment of cases of diphtheria and shall establish sufficient distributing stations to render such antitoxin readily available in all parts of the district.

SECTION 1261-30. The district board of health hereby created shall exercise all the powers and perform all the duties now conferred and imposed by law upon the board of health of a municipality, and all such powers, duties, procedure and penalties for violation of the sanitary regulations of a board of health shall be construed to have been transferred to the district board of health by this act. The district board of health shall exercise such further powers and perform such other duties as are herein conferred or imposed.

SECTION 1261-31. The district health commissioner may make or cause to be made frequent inspection of all county infirmaries, children's homes, workhouses, jails, or other charitable, benevolent or penal institutions in the district, including physical examination of the inmates whenever necessary, and may make or cause to be made such laboratory examinations of such inmates as may be requested by any state or county official having jurisdiction over such institution.

SECTION 1261-32. The district health commissioner shall be a deputy of the state registrar of vital statistics and shall under his direction enforce all laws governing the registration of births and deaths. Each local registrar of vital statistics shall on or before the fifth day of each month transmit to the health commissioner of the district having jurisdiction all certificates of births or deaths received by such registrar during the preceding month. The health commissioner shall within five days transmit such certificates to the state registrar of vital statistics.

When any registrar shall receive any certificate of a death from any contagious or communicable disease, he shall within twenty-four hours after receipt of such certificate notify the health commissioner of the district having jurisdiction of such death on a form to be furnished by the district board of health.

SECTION 1261-33. The district board of health may establish detention hospitals for cases of communicable diseases and provide for the support and maintenance thereof. It may collect from persons committed to such hospitals the cost of the care and treatment of such persons while inmates therein. The expenses of such indigent persons as are committed to such detention hospitals shall be a proper charge against and shall be collected from the township or municipality from which such person was sent to the hospital.

[Section 1261-34 repealed.]

[Section 1261-35 repealed.]

SECTION 1261-36. The county commissioners of any county or the council of any city may furnish suitable quarters for any board of health or health department having jurisdiction over all or a major part of such county or city in accordance with the provisions of this act.

SECTION 1261-37. In general health districts the prosecuting attorney of the county constituting all or a major part of such district shall act as the legal advisor of the district board of health. In a proceeding in which the board of health of any general health district is a party the prosecuting attorney of the county in which such proceeding is instituted shall act as the legal representative of the district board of health.

SECTION 1261-38. The treasurer of a city which constitutes a health district shall be the custodian of the health fund of such city health district. The county treasurer of a county which constitutes all or the major portion of a general health district shall be the custodian of the health fund of that health district. The auditor of a county which constitutes all or a major portion of a general health district shall act as the auditor of the general health district. The auditor of a city which constitutes a city health district shall act as the auditor of a city health district. Expenses of the district board of health or of a general health district shall be paid on the warrant of the county auditor issued on vouchers approved by the district board of health and signed by the district health commissioner. Expenses of a board of health or health department of a city health district shall be paid on the warrant of the auditor of the city issued on vouchers approved by the board of health or health department of a city health district and signed by the city health commissioner.

SECTION 1261-39. When any general or city health district has been duly organized as provided by this act and has employed for whole or part time service a health commissioner, the chairman of the board of health, or the principal executive officer of the department of health as the case may be shall semi-annually, on the first day of January and of July, certify such fact to the state commissioner of health, stating the salary paid such health commissioner, and to the public health nurse and clerk, if any, during the preceding six months. If such board of health

or health department has complied with the orders and regulations of the state department of health and has truly and faithfully complied with the provisions of this act, the state commissioner of health shall endorse such facts on the certificate and shall transmit the certificate to the auditor of state, who shall thereupon draw a voucher on the treasurer of state to the order of the custodian of the funds of such health district, payable out of the general revenue fund, in amount equal to one-half of the amount paid by the district board of health or health department to such health commissioner, public health nurse, and clerk, during such semi-annual period. Provided, that if the amount paid by such district board of health or health department during any six months is in excess of two thousand dollars, the amount to be paid by the auditor of state shall be one thousand dollars and no more, and no payment shall be made unless the certificate of the district board of health or health department shall have been endorsed by the state commissioner of health as herein provided.

Section 1261-40. The board of health of a general health district shall annually, on or before the first Monday of April, estimate in itemized form the amounts needed for the current expenses of such districts for the fiscal year beginning on the first day of January next ensuing. Such estimate shall be certified to the county auditor and by him submitted to the budget commissioners which may reduce any item or items in such estimate but may not increase any item or the aggregate of all items. The aggregate amount as fixed by the budget commissioners shall be apportioned by the county auditor among the townships and municipalities composing the health district on the basis of taxable valuations in such townships and municipalities. The district board of health shall certify to the county auditor the amount due from the state as its share of the salaries of the district health commissioner and public nurse and clerk, if employed, for the next fiscal year which shall be deducted from the total of such estimate before an apportionment is made. The county auditor, when making his semi-annual apportionment of funds shall retain at each such semi-annual apportionment one-half the amount so apportioned to each township and municipality. Such monies shall be placed in a separate fund, to be known as the "district health fund." When a general health district is composed of townships and municipalities in two or more counties, the county auditor making the original apportionment shall certify to the auditor of each county concerned the amount apportioned to each township and municipality in such county. Each auditor shall withhold from the semi-annual apportionment to each such township or municipality the amount so certified, and shall pay the amounts so withheld to the custodian of the funds of the health district concerned, to be credited to the district health fund. Where any general health district has been united with a city health district located therein, the mayor of the city shall annually on or before the first day of June certify to the county auditor the total amount due for the ensuing fiscal year from the municipalities and townships in the district as provided in the contract between such city and the district advisory council of the original

health district. The county auditor shall thereupon apportion the amount so certified to the townships and municipalities, and withhold the sums so apportioned as herein provided.

SECTION 1261-41. In case of epidemic or threatened epidemic or during the unusual prevalence of a dangerous communicable disease, if the moneys in the district health fund of a general health district are not sufficient, in the judgment of the board of health of such district, to defray the expenses necessary to prevent the spread of such disease, such board of health shall estimate the amount required for such purpose and apportion it among the townships and municipalities in which the condition herein described exists, on the basis provided for in Section 25 of this act. Such estimate and apportionment shall be certified to the county auditor of the proper county or counties, who shall draw an order on the clerk, auditor or other similar officer of each township or municipality affected thereby, for the amount to it apportioned. Such clerk, auditor or other similar officer shall forthwith draw his warrant on the treasurer of such township or municipality for the amount of such certification, which shall be honored by the treasurer from any general treasury balances subject to his control, regardless of funds. The clerk, auditor or other similar officer shall thereupon set up an account to be designated "emergency health account," showing a deficit therein, and certify the action taken to the trustees or council or other body having the power to borrow money. Thereupon the trustees or council or other similar body may exercise the powers provided for in Sections 4450 and 4451 of the General Code. Tax levies made for the purpose set forth in this section shall be subject to the provisions of Section 5649-4 of the General Code. Moneys raised under the authority herein conferred shall be placed in the treasury of the borrowing subdivision and credited to the "emergency health account," which shall thereupon be closed; so that the moneys taken from general cash balances shall be restored thereto and the regular funds of the subdivision shall be restored thereby.

If there is not sufficient money in the general cash balances of such subdivisions to satisfy the warrant so drawn by the clerk, auditor or other similar officer, the treasurer thereof shall honor the same to the extent of the cash in such treasury and the balance shall be certified by the clerk, auditor or other officer and the treasurer, jointly, to the trustees, council or other borrowing authority, which shall immediately exercise the powers provided for in this section to raise the amount of the warrant. The proceeds of such action shall be paid into the general cash balance in the treasury of the subdivision, and the balance due on the warrant shall then be paid.

The warrants provided for in this section shall be drawn in favor of the county treasurer, as treasurer of the district health fund, and the proceeds shall go into such fund. A separate account shall be kept of expenditures under this section. If a greater amount is expended in any township or municipality than the amount drawn therefrom by action hereunder, the excess shall be charged against such subdivision at the next annual apportionment in addition to the amount apportionable to such subdivision under Section 25 of this

act. If the amount drawn under this section is not wholly expended in any subdivision, the unexpended remainder shall be credited to the next annual apportionment to such subdivision.

Performance of the official duties by this section imposed on officers, boards and legislative bodies, may be enforced by mandamus on the relation of the district board of health, which is hereby given special capacity to sue in such action. In any such case the return day of the alternative writ shall not be more than three days after the filing of the petition.

SECTION 1261-42. The board of health of a general health district may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisances. All orders and regulations not for the government of the board, but intended for the general public, shall be adopted, recorded and certified as are ordinances of municipalities and record thereof shall be given in all courts of the state the same force and effect as is given such ordinances, but the advertisements of such orders and regulations shall be by publication in one newspaper published and of general circulation within the general health district. Publication shall be made once a week for two consecutive weeks and such orders and regulations shall take effect and be in force ten days from date of first publication. Provided, however, that in cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.

SECTION 1261-43. In case any section or sections or part of any section or sections of this act shall be found unconstitutional, the remainder of the act shall not thereby be invalidated, but shall remain in full force and effect.

SECTION 4404. The council of each city constituting a city health district, shall establish a board of health, composed of five members to be appointed by the mayor and confirmed by the council, to serve without compensation, and a majority of whom shall be a quorum. The mayor shall be president by virtue of his office. Provided that nothing in this act contained shall be construed as interfering with the authority of a municipality constituting a municipal [city] health district, making provision by charter for health administration other than as in this section provided.

SECTION 4405. If any such city fails or refuses to establish a board of health the state commissioner of health, with the approval of the public health council, may appoint a health commissioner therefor, and fix his salary and term of office. Such health commissioner shall have the same powers and perform the duties granted to or imposed upon boards of health, except that rules, regulations or orders of a general character and required to be published made by such health commissioners shall be approved by the state commissioner of health. The salary of the health commissioner so appointed, and all necessary expenses incurred by him in performing the duties of the

board of health shall be paid by and be a valid claim against such municipality.

SECTION 4408. In any city health district, the board of health or person or persons performing the duties of a board of health shall appoint for whole or part time service a health commissioner and may appoint such public health nurses, clerks, physicians and other persons as they deem necessary.

SECTION 4409. The secretary of the board shall keep a full and accurate record of the proceedings of the board together with a record of diseases reported to the health commissioner and on termination of his office shall turn over to his successor, books, records, papers and other matters belonging to the board. Each board of health or person or persons performing the duties of the board of health shall procure suitable books, blanks, and other things necessary to the transaction of its business. Such records shall be kept as are required by the state commissioner of health and such forms shall be used as he may prescribe.

SECTION 4410. The board of health shall care for the sick poor and each person quarantined when such person is unable to pay for care and treatment, and for all persons sent to the municipal detention hospital when such persons are unable to pay for care and treatment.

SECTION 4413. The board of health of a city may make such orders and regulations as it deems necessary for its own government, for the public health, the prevention or restriction of disease, and the prevention, abatement or suppression of nuisances. Orders and regulations not for the government of the board, but intended for the general public shall be adopted, advertised, recorded and certified as are ordinances of municipalities and the record thereof shall be given, in all courts of the state, the same force and effect as is given such ordinances. Provided, however, that in cases of emergency caused by epidemics of contagious or infectious diseases, or conditions or events endangering the public health, such boards may declare such orders and regulations to be emergency measures, and such orders and regulations shall become immediately effective without such advertising, recording and certifying.

[To facilitate the change from the Hughes Act system, already in process of construction, to that provided by the amended law, the section given below as Section 2 (which has not been assigned a General Code section number) was passed. Section 4 below is the emergency section, which makes the law effective as soon as filed with the Secretary of State.]

SECTION 2. Members of boards of health of general health districts appointed in accordance with the provisions of 1261-17 and 1261-18 of the General Code, who are residents in the townships or villages of the general health district for which they are appointed shall be and continue as members of the board of health of the general health districts composed of the townships and villages as provided by this act, which were contained in the general health districts for which they were appointed. Vacancies in boards of health in general health districts caused by nonresidence shall be filled as provided by this act for other vacancies. Each board of health in a general

health district shall meet within ten days of the taking effect of this act, and shall adopt a budget for the year 1920, which shall be immediately transmitted to the auditor of the district, who shall submit the same to the district advisory council at a meeting to be called by him at his office within five days of the receipt of such budget. The district advisory council shall review such budget in accordance with the provisions of this act, and when reviewed and approved by the district advisory council, such budget shall be apportioned among the townships and villages as provided by this act.

SECTION 4. This act is hereby declared to be an emergency act necessary for the immediate preservation of the public peace, health and safety. This emergency exists by reason of the fact that under a recent decision of the supreme court of the state, the present health laws of this state are probably in conflict with the constituion, and further by the fact that existing sanitary laws can not be enforced by reason of the financial situation in many taxing districts, and the public health will be endangered by failure to provide immediately a system of health protection.

Botulism Outbreak at Canton

BOTULINUS bacilli present in ripe olives caused fourteen cases of food poisoning, seven of which were fatal, at a banquet at Canton, August 23, according to findings in epidemiological and laboratory investigations conducted by the State Department of Health.

The fourteen victims included eleven guests and three employees of the club at which the dinner was held. The guests who were poisoned were all seated at one table, and two waiters at that table and the chef were the three other victims. Epidemiological study by representatives of the State Department of Health traced the poisoning to ripe olives served at this table and not at any of the others. A peculiar taste and odor present in the olives was noted by several who ate them, it was found. Fourteen of the seventeen persons who ate or tasted of the ripe olives were definitely ill, and none was ill who did not eat or taste them. The severity of the illness was, in general, proportionate to the number of olives eaten.

The epidemiological investigation left the nature of the poison present in the olives to be determined by laboratory study. In this latter part of the investigation, the bacillus botulinus was isolated in samples of olives recovered from the bottle used at Canton. The olives and the brine in which they were packed were found to be highly fatal to laboratory animals.

The botulinus organism has frequently been recognized as a cause of food poisoning. In Europe botulism has usually followed the eating of poorly cooked meats. In this country, however, it has most often been associated with the use of home canned fruits and vegetables. Outbreaks due to commercial canned goods, as in this instance, have been rare. It

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The Trachoma Problem in Ohio

By Frank G. Boudreau, M. D., C. M., Director Division of Communicable Diseases, Ohio State Department of Health

TRACHOMA is a dangerous contagious disease of the eyes, which first affects the eyelids, causing thickening and destruction of the conjunctiva and the formation of granules. The disease is insidious, and may cause serious damage before it attracts attention. It persists for years, and, if not properly treated, practically always results in serious damage to the vision. The complications which occur are numerous and damaging, and include corneal ulcers and opacities, distortion of the lids known as entropion and ectropion, and others which may lead to actual destruction of the eyeball.

Recent work on trachoma has clearly demonstrated that the early case may be easily cured by comparatively simple operative procedures. The operation destroys almost at once the contagious properties of the disease and prevents its further progress.

As a rule, treatment is not a proper function of the health department. There are exceptions to this rule and of these trachoma is an excellent illustration. In the first place, trachoma is a disease for which the early case does not seek relief. Incipient cases must be sought, and private practitioners can not ordinarily conduct the necessary surveys. In the second place, trachoma is most common in rural districts, and in communities where the specialist is least apt to be found. Lastly, the disease occurs as a rule among a class of people who cannot afford to pay for a specialist's services. The fact that by a simple operation the spread of the disease may be prevented, and all the disastrous complications avoided, is the final convincing argument that treatment of trachoma is a legitimate function of the federal, state or local health department.

Trachoma is an ancient disease, but its occurrence among natives of America has been a comparatively recent discovery. It is common among certain European races which have furnished large numbers of immigrants to this country. Since 1897, the United States Public Health Service has maintained an inspection service at Ellis Island which prevents thousands of persons affected with trachoma from entering the country. Immigrants who develop trachoma within the incubation period of the disease after landing, may be deported.

Dr. Stuckey was the first to direct attention to the prevalence of trachoma in certain districts of Kentucky. The United States Public Health Service undertook surveys of the mountainous districts of Kentucky, West Virginia and Tennessee, and showed that frequently three or more percent of school children are affected. Trachoma hospitals were established in these districts, and surveys and clinics have been carried on for several years under the direction of Surgeon John McMullen. In-

dians on the various reservations are also frequently the victims of trachoma and much work has been done among them to arrest the spread of the disease.

The work in Kentucky and West Virginia led the staff of the Ohio State Department of Health to believe that trachoma must be present in those Ohio counties which border on the Ohio River, where living and hygienic conditions are almost similar to those of sister states. By regulation of the State Department of Health, trachoma was made reportable in December, 1912. Prior to that time a number of cases had been discovered and dealt with through the activities of the Ohio Commission for the Blind. The work of the Commission resulted from the observation in this and other states, that a large proportion of inmates of schools for the blind had lost their vision through trachoma.

Reports received at the State Department of Health since the disease was made reportable are shown in Table I.

In 1914, information was received pointing to the prevalence of the disease among the employees of the Youngstown Sheet and Tube Company at East Youngstown. A survey of the situation was made by representatives of the United States Public Health Service and

TABLE I. — Reported Cases of Trachoma in Ohio

Year	Number of Cases
1912 (December only)	33
1913	144
1914	537
1915	361
1916	255
1917	386
1918	321
Total	2,037

TABLE II. — Trachoma Among Employes of Youngstown Sheet & Tube Company

Number of employees examined	5,962
Number of cases of trachoma	76
Percentage of employees affected	1.3
Number of suspicious cases	19

TABLE III. — Distribution of Reported Cases of Trachoma, 1913-18, Inclusive, by Counties.

County	No. of Cases	County	No. of Cases	County	No. of Cases	County	No. of Cases
Adams	6	Fairfield	1	Licking	11	Portage	4
Allen	7	Fayette	..	Logan	1	Preble	12
Ashland	1	Franklin	110	Lorain	35	Putnam	7
Ashtabula	7	Fulton	1	Lucas	64	Richland	1
Athens	17	Gallia	2	Madison	1	Ross	19
Auglaize	7	Geauga	1	Mahoning	318	Sandusky	..
Belmont	7	Greene	5	Marion	..	Scioto	98
Brown	3	Guernsey	2	Medina	10	Seneca	17
Butler	81	Hamilton	169	Meigs	5	Shelby	4
Carroll	..	Hancock	3	Mercer	4	Stark	47
Champaign	49	Hardin	3	Miami	3	Summit	160
Clark	43	Harrison	1	Monroe	8	Trumbull	19
Clermont	3	Henry	2	Montgomery	27	Tuscarawas	4
Clinton	..	Highland	3	Morgan	12	Union	2
Columbiana	2	Hocking	8	Morrow	..	Van Wert	..
Coshocton	4	Holmes	..	Muskingum	6	Vinton	3
Crawford	..	Huron	3	Noble	3	Warren	6
Cuyahoga	391	Jackson	2	Ottawa	1	Washington	12
Darke	2	Jefferson	6	Paulding	..	Wayne	..
Defiance	3	Knox	..	Perry	4	Williams	..
Delaware	3	Lake	2	Pickaway	6	Wood	6
Erie	12	Lawrence	5	Pike	85	Wyandot	2

TABLE IV. — Tabulation of Answers to Trachoma Questionnaire — Filed by 130 Oculists in 59 Counties.

Number of trachoma cases seen in 1916	299
Number of trachoma cases seen in past five years	1,039
Number of these who were school children	133
Number who were immigrants or children of immigrants	378
Number who were natives of Ohio	326
Number who were natives of other states	226
Number who came to oculist undiagnosed	385
Number who were found as a result of routine surveys of school children	48
Number who were found as a result of routine surveys of employees	60
Number who suffered serious damage to vision	333
Number who suffered moderate damage to vision	370
Number who suffered slight damage to vision	208
Total number who suffered damage to vision	911

the State Department of Health. Their findings are recorded in Table II.

The company's employees represent about twenty different races, many of them comparatively recent immigrants, but practically all contracted the disease after landing in the United States. The cases were contracted in the homes and not at the plant. Roller towels and infected bed linen, the latter used by several persons working on different shifts, were responsible for spreading the disease. The large number of cases in 1914 is partly explained by this survey and the cases of trachoma it disclosed.

The distribution of trachoma by counties in Ohio, as shown by the reported cases, is given in Table III. As a matter of fact, a little consideration will throw serious doubt upon the distribution of trachoma as shown by Table III. The disease would appear to be most prevalent in the counties with large cities, and, if the reports are sifted still further, nearly all cases are found to be in the cities, which is contrary to the experience gained elsewhere in the United States. There are several reasons for this apparently overwhelming urban distribution: first, the cases flock to the specialists in the large cities; second, the health machinery at present operates efficiently only in such cities, and finally, no serious attempt has been made to find trachoma in the rural districts.

In 1917, a questionnaire concerning trachoma was sent to all oculists listed in Ohio by the American Medical Directory. The purpose of this questionnaire was two-fold: first, to determine where the disease existed and to learn whether a majority of the cases seen were being reported; and second, to interest these men in a plan for the survey of school children.

One hundred and thirty oculists from fifty-nine counties replied, and a majority of them went to considerable trouble in giving painstaking answers to the various questions. Shortly after the answers were received, leave of absence on account of military service prevented me from tabulating the information received and thanking those who so cheerfully took the time and trouble to search their records and memories for answers to the many questions asked. Many oculists went further, and in letters gave valuable information concerning trachoma in their communities. I wish them to know that their answers and other information submitted have been tabulated and carefully filed, and form the basis

of a trachoma campaign which will be as extensive as that of any state in the Union. The results of the questionnaire are given in Table IV.

This table shows clearly that a large majority of those who seek the services of the specialist are suffering from the complications or sequelae of trachoma. The incipient case does not seek such relief. So, as pointed out previously, in order to discover the cases when they can be cured and before they have transmitted the disease to others, extensive surveys must be made.

One additional fact concerning this questionnaire must be noted, and that is that there was a larger proportion of cases reported from rural counties and those counties without large cities than the officially reported cases would lead one to expect.

Following the receipt of answers to this questionnaire, it was decided to undertake a survey of the rural school children of five representative counties for trachoma, and to record the presence of other defects of the eye, ear, nose and throat at the same time. The counties selected were Erie, Butler, Belmont, Muskingum and Pike.

In each county, the co-operation of the county and district superintendents of schools was secured. These men in every county gave a fuller degree of co-operation than was promised or expected. Through them, permission of county boards of education to undertake the survey was secured. Practically all transportation was furnished by county and district superintendents, and in every case all possible assistance was generously given. This has not been my only experience with superintendents of schools in health matters, and I firmly believe that their attitude towards any measure or procedure which promises to improve health conditions of school children is a true index of thier general attitude towards their work. I take this opportunity to thank these men for their assistance and co-operation, so freely and generously given, and to assure them that the Ohio State Department of Health is eager to reciprocate and to give them all possible assistance in health matters.

Three oculists, and two physicians who were engaged in public health work and had had special training in diseases of the eye, were induced to volunteer their services for this work. All did so at considerable personal sacrifice, and I am glad to have this opportunity of extending to them the thanks of the State Department of Health for their unselfish work.

Before starting the survey, Surgeon John McMullen of the United States Public Health Service held two clinics at the Institution for the Feeble Minded at Columbus, where the survey staff was instructed in the methods of procedure and diagnosis of cases. This was done in order that the work should be of a uniform type. Dr. Stuckey paid a visit to Columbus, showed much interest in the survey, and addressed the Columbus Academy of Medicine on trachoma.

The results of the survey are shown in Table V.

This survey did not cover nearly all the rural school children. Such was not the plan. With the small amount of money at our disposal, as much work as possible was attempted in each county; but when the money came to an end, the work had to stop.

TABLE V.—Trachoma and Suspected Trachoma by Counties.

County	Pupils examined	Trachoma		Suspected Trachoma	
		Cases	Percent	Cases	Percent
Belmont	2,136	22	1.0	24	1.1
Butler	1,330	3	0.2	7	0.5
Erie	987	3	0.3	17	1.7
Muskingum	1,114	1	0.1	100	8.9
Pike	739	24	3.2	48	6.5
Total	6,306	53	0.9	196	3.1

The worst conditions were found in Pike and Belmont counties. A large number of suspicious cases were noted in Muskingum County. A majority of the fifty-three positive cases found occurred among children from very bad homes where ideal conditions for the transmission of the disease existed. The number of other head defects noted was very large, but this has been made the subject of a separate report.

The war interrupted any further serious work on trachoma during the remainder of 1917 and 1918. In September and October, 1919, a survey of the school children of Scioto County was undertaken by the State Department of Health and the United States Public Health Service, at the request and with the help of the Portsmouth Bureau of Community Service. This bureau has done some very useful health work, and has been very active in the praiseworthy endeavor to rid Scioto County of trachoma. Transportation was furnished by the bureau and the Portsmouth chapter of the Red Cross, and the city and county superintendents of schools and their assistants co-operated freely and generously.

TABLE VI.—Trachoma Survey in Scioto County.

	Schools Visited	*Pupils Examined*	*Cases Found*	*Percentage*
Rural	115	5,262	149	3.40
City	14	5,315	30	.56
Totals	129	10,577	179	1.69

The results of this survey are noted in Table VI.

There is the usual difficulty in differentiating between the terms rural and urban. Portsmouth is the only city in Scioto County, hence only the cases found in Portsmouth are included under "city" in the table. There are several communities, such as New Boston, practically continuous with Portsmouth, and if cases found in these communities are included under "city," the percentage of cases found would be higher than .56 but not eqaulling the rural percentage.

Following the survey, free clinics for the treatment of the disease were held at Portsmouth on Sep-

TABLE VII.—Trachoma Clinics Held in Portsmouth September, October and December, 1919.

Grand total of persons examined in Scioto County....	10,741*
Grand total of trachoma cases found	224
Grand total of suspicious cases found	87
Grand total of cases operated..	156
Operations under general anesthetic	105
Operations under local anesthetic	51

*Includes persons coming to clinic for examination.

tember 22, 23, 24, 25, October 3, 4, 10 and 11, and on December 2 and 3. These clinics were advertised extensively in the local press, and letters were sent to the families of all cases. Besides the cases that had been found during the survey, quite a number of other people came to these clinics to be examined and operated on if necessary. Operations were performed by Surgeon John McMullen and his assistants, anaesthetics were given by Dr. Ross Hopkins of the State Department of Health, and nursing service was furnished by the Bureau of Community Service and the State Department of Health. Results of these clinics are given in Table VII.

During and after these clinics, no bad results of operation were recorded. A number of those operated on were requested to return for further examination. Many did so, and all were found to have smooth, healed conjunctivae.

A survey of the school children of Ross County was next undertaken by the Ohio State Department of Health in co-operation with the Chillicothe chapter of the Red Cross. This survey is proceeding satisfactorily and will be completed before the publication of this paper. Following this survey, free clinics will be held in

TABLE VIII.—Survey of Children in Ross County, November–December, 1919.

	Schools Visited.	*Pupils Examined*	*Cases Found*	*Percentage*
Rural	132	4,496	57	1.27
City	7	2,242	13	.031
Total...	139	6,738	70	1.04

Chillicothe by the United States Public Health Service and the State Department of Health. Table VIII gives the results of the survey in Ross County.

Another survey is also in progress in the schools of the city of Hamilton. Quite a number of families from Kentucky come to this city for employment in factories, etc., and already a considerable number of cases have been reported.

The plans of the State Department of Health for the prevention of trachoma include:

1. Survey of school children, employees and other groups in districts where trachoma is known to prevail, and later all over the State for present indications point to its general distribution.

2. Follow-up work in families where one case has been found, to learn whether there are other cases, and to instruct in measures designed to prevent further spread of the disease.

3. Establishment of trachoma hospitals at strategic points, where all cases may receive free treatment.

4. Research and investigation into etiological and epidemiological phases.

The staff of the State Department of Health now includes a

Chief, Bureau of Trachoma Clinics, and a trachoma nurse. The United States Public Health Service has promised definite assistance in the Ohio campaign. Bearing in mind the possibilities of the Griswold Act, it appears that the machinery available in Ohio should be able to locate and wipe out the trachoma menace within a few years. I believe the time is not far distant when we will be able to say that trachoma is no longer a public health problem in Ohio. Such a result is worthy of our best effort.

CHANGES IN STATE HEALTH STAFF

Important among recent staff changes in the State Department of Health are these:

Appointment of Dr. R. G. Leland as chief of the Bureau of Veneral Diseases in the Division of Hygiene. Dr. Leland succeeds Dr. J. M. Shapiro, who has sailed for Palestine to take up public health work under the American Zionist organization.

Establishment of a trachoma bureau in the Division of Communicable Diseases, with Dr. Robert Lockhart in charge and Mrs. Zoe McCaleb detailed from the Bureau of Nursing Service as trachoma nurse. This bureau will carry on trachoma surveys and campaigns of treatment in various parts of the State. Further additions to personnel for this work are possible as a result of the $10,000 trachoma appropriation granted by the General Assembly for the present fiscal year.

Appointment of Dr. Ralph B. Tate and Dr. Lloyd Jonnes as district health supervisors, the former for District 7 and the latter for District 6. The vacancies were created by the resignations of Dr. Henry E. Kock and Dr. C. R. Deeds. Dr. P. K. Holmes resigned as supervisor in District 2, but this vacancy has not yet been filled.

Resignation of William C. Groeniger as state inspector of plumbing and director of the Bureau of Plumbing. Mr. Groeniger will engage in private practice as a consulting domestic sanitary engineer.

Resignation of J. S. McCune as director of the Division of Laboratories and appointment of Fred Berry as his successor. Mr. McCune, who had recently succeeded L. H. Van Buskirk upon the latter's resignation, has taken up recreational work with the War Department. Mr. Berry was formerly chief bacteriologist in the Department and more recently has been with the Columbus Pasteur Institute. Mr. Van Buskirk, former director, is now on the teaching staff of the Ohio State University College of Medicine.

Employment of three district supervising nurses in the Bureau of Nursing Service of the Division of Hygiene. Miss Jessie L. Chapman, Miss Annie J. Cunningham and Miss Florence Darke have been appointed to these positions and further appointments will probably be made later. Miss Chapman's former position as prevention of blindness nurse has been assumed by Miss Mabel Green.

Appointment of Dr. Blanche Hopkins and Miss Natalie Merrill as assistants to the chief of the Bureau of Child Hygiene in the Division of Hygiene. The chief of this bureau has heretofore been without assistance, and this fact has limited the scope of the bureau's activities.

Demonstration Proves Need for School Nurse

THE importance of school health supervision as a factor in improving the health of a community is indicated in a report submitted by Annie J. Cunningham, R. N., who was employed for several months this year by the Ohio Society for the Prevention of Tuberculosis to conduct a demonstration of school nursing in rural schools of the State.

Her work constitutes the most recent observation made in Ohio of health conditions among a large body of rural children. The report portrays the serious handicaps placed upon country children by the lack of health protection in the schools they attend.

Because of the limited time at her disposal and the necessity for doing intensive work, requiring a long stay at each school visited, Miss Cunningham was able to visit rural schools in only two counties, Trumbull and Allen. These counties were selected because their requests for the demonstration were received first, and not because of any belief that their need for school health supervision was greater than that of the average Ohio county. Results of similar observations in most other counties of the State, it is believed, would approximate those recorded for these localities.

In Trumbull County, in five townships, Miss Cunningham examined 464 children and found only 56 of these free from physical defects. Of the 408 defectives, 295 had more than one defect. Medical or dental treatment was advised for 382 children. Defective vision, enlarged tonsils and bad teeth were the conditions noted in most of the children rated as below normal.

In seven townships which were visited in Allen County, 503 children were examined and of these only 99 were classed as normal. Of the 404 defectives, 231 had more than one defect each. The nurse advised treatment of 371 children. Teeth, tonsils and eyes showed the principal defects in this county also.

Miss Cunningham's work did not end when she had given the children physical examinations. Indeed, these were merely the preliminaries to the real campaign for health betterment which she carried out. In her report she describes the follow-up work which came after the examinations. Lessons in practical hygiene, followed the next day by essays on subjects covered by her talks, were given. Toothbrush and handkerchief drills were conducted. Community meetings, largely attended by parents of the children, were held in various townships after the work was well under way, and at these an appeal for the correction of the children's defects was made to the parents. Good results of these meetings were demonstrated by later reports showing that nearly all of the children had received the needed medical and dental care.

A few quotations from Miss Cunningham's report of her work, describing specific incidents, give a vivid picture of some of the

problems met with and the solutions applied:

In giving a lesson one day on food values and the right kinds of foods for growing boys and girls, I had to make it as practical as possible. When I asked the question, "How many boys and girls here drink milk?" only two of the twenty-six children raised their their hands. This led to my inspection of the noonday lunches. Only one carried milk in his lunch—a little boy—and it was ordered by the doctor. I am glad to say since that day a great many boys and girls carried milk in their lunches.

One question asked by nearly every teacher was "How to handle the mentally deficient child?" one teacher having as many as five or six in her rooh. A great deal of time was being spent in trying to teach these children, thus wasting a great deal of time which should have been spent with the other children, as well as imposing a great nervous strain on the teacher. I was able to help them by getting a speaker well informed on the subject of psychology, Mr. Conger, who is the psychologist in the Warren schools. He gave them good advice on dealing with the abnormal child.

Here are some of the results of health education: John, in paying his visit to the nurse, was asked if he had cleaned his teeth that morning. He replied he did not have time, thinking that the best excuse. John was given a lecture on the care of his teeth. The next day in his room, which was the fifth grade, we had the toothbrush drill. In cleaning the toothbrushes, John was very conspicuous with his nice new brush, and the smile he gave me was an inspiration for days to come.

I indeed enjoyed my work in this school very much, because at first the children looked to me as if I were some bad fairy, but before I had been there two days they decided that I was their good fairy. Everyone entered into it with good spirit and took advantage of a good opportunity. The principal was very helpful. It was his spirit that gave that touch throughout the school. In fact the week I spent here was given almost entirely to this work: the pupils were allowed at any time to come and ask for advice. I assure you that they did. A teachers' meeting was called to get suggestions for the improvement of the children and the school.

I had noticed while there that the noon hour was a regular rough house; also that very few pupils ate their lunches at noon, the lunch boxes having been visited three or four times during the morning. My advice was to have the children, as soon as the gong sounded, go and wash their hands, get their lunch boxes and spend twenty minutes at lunch, the teacher eating with them, holding order, and permitting no child to leave the room until the time was up. The suggestion was acted upon the next day. It was indeed inspiriting to see the little tots file out with their own soap and towels to wash their hands, and the following day of their own accord to double file out with soap and towel and then back to lunch—indeed a valuable lesson on health.

The most encouraging feature brought to light in the demonstration, serving to some extent as a contrast to the discouraging nature of the general situation, was the apparent willingness—even eagerness—of parents and school teachers and officials to bring about improvement.

As Miss Cunningham was preparing to leave one township, having given it all the time her schedule permitted, the principal of the centralized school endeavored to retain her longer, saying to her that "the people are realizing what a good thing this is and now that you are going they are tormenting me to have you see their children before you go." "Some of these very people," Miss Cunningham comments, "made a fuss at the beginning, but they are gradually coming around and don't understand why their children were not examined. * * * The sooner they get a nurse the better, to get results."

In another township, after the examinations and follow-up work had been carried out, the community Improvement Society met at the schoolhouse to discuss the question of what improvement was most needed in the community. "A school nurse" was the unanimous verdict.

Of still another township, Miss Cunningham says: "Parents readily responded to the appeal for the corrections necessary. A few weeks later when I talked to the superintendent, he said: 'I wish you could come back and see the results of your work; you would feel it has doubly repaid you.'"

These were average Ohio townships — children in deplorable physical condition as a result of the neglect which is so prevalent, parents proving by their response to the nurse's appeal that this neglect was due to lack of information rather than to lack of interest in their children's welfare.

Such lack of information, with resultant ill health, prevails practically everywhere in Ohio's rural districts and in most of the small towns. It will continue to prevail until adequate public health administrative systems — and particularly adequate public health nursing staffs—are built up in such communities.

Each of the new district boards of health has authority to provide for health supervision in the schools of its district. Probably not many counties will be in a position immediately to install comprehensive systems to carry out this function, but in those counties where public health nurses are employed, the opportunity for a good beginning will be offered. The amount of attention which the nurses are able to give to the schools will necessarily vary according to the extent of nursing service provided for by the board. Discretionary power already possessed by boards of education to provide for physical supervision is not altered by the new law conferring similar power upon the health boards.

Botulism Outbreak at Canton

(*Continued from page* 417)

is of interest to note that of sixty-four cases of botulism recorded by Dickson in the United States in the past twenty-five years, fifty-four have occurred in California, in which state also the olives involved in the Canton incident were packed.

Not long after the Canton poisoning, a similar incident was noted near Detroit, and was found upon investigation to have been caused by ripe olives of the brand which was involved in the poisoning in this State. Upon receipt of this information, the State Department of Health issued instructions to local health officers in Ohio to force withdrawal of all ripe olives from sale, pending further investigation, and either to examine samples of the various brands in their own laboratories or to send such samples to the Department for examination. This action was taken November 6. At the time of the Canton poisoning, the incident was considered exceptional, especially as a number of samples selected at random from grocers' stocks in tha city were found not to be infected. The similar outbreak at Detroit, however, was considered by the Department to demonstrate that the continued presence of the olives on grocers' shelves constituted a grave menace to public health.

Careful laboratory tests were made during November and December on samples of olives received from all parts of the State. Traces of the bacillus botilnus were detected in only two samples, and these were found to have been packed in the same factory lot as the Canton and Detroit specimens. Proof was not conclusive that these samples were dangerous, but

the laboratories reported them as "suspicious."

As the investigation indicated that only the one lot was infected and the packers had made arrangements to withdraw all this lot from the market, the State Department of Health withdrew its restrictions December 17.

The laboratory studies conducted by the State Department of Health showed that the botulinus bacillus itself is extremely resistant to heat, but that the toxin formed by the organism under favorable conditions — the actual poisonous agent — is destroyed by moderate heat. The toxin, it was further found, is probably not produced in the body. The conclusion from this is that thorough cooking of canned goods before eating will destroy the toxin and thus obviate any danger of botulism (though not necessarily of other kinds of food poisoning). Since, however, cooking leaves the organism itself uninjured, re-canning of the cooked material would again give an opportunity for the toxin to develop. The extreme resistance of the bacillus botulinus to heat makes it appear almost impossible to devise a method of canning that will effectually kill such organism. The individual consumer can guard against botulism by rejecting all canned foods which show even minor changes in taste, odor or consistency.

NEWS OF THE DEPARTMENT

GLEANED FROM DIVISIONAL REPORTS FOR OCT. & NOV.

DIVISION OF COMMUNICABLE DISEASES

During October and November, 1919, the energies of this division were directed largely to the work of organizing the State under the Hughes Act. For the most part eight district health supervisors were employed at this task. In the course of their organization work, a few routine epidemiological investigations were made for typhoid fever, smallpox, diphtheria and trachoma.

In Scioto County the survey of school children for trachoma was completed, a total of 224 cases having been found. Free clinics for the treatment of the cases were held and 156 operations performed. A similar survey of Ross County was planned and initiated during the latter part of October. Suspected trachoma was also investigated at Allen Township, Union County, but only cured cases were found.

The sources and prevalence of typhoid fever were investigated at Richwood, Rarden Township, Scioto County, and Perkins Township, Erie County. At Richwood and vicinity, where twelve cases were found, at least seven of them were traced to the failure of the attending physician to report the first case and advise necessary precautions in nursing. The physician's excuse was that he didn't know that he was required to report typhoid fever.

In Rarden Township, Scioto County, very deplorable conditions were found, five families having eight cases of typhoid fever. One death occurred. Every condition surrounding these people favored the spread of typhoid fever, and

not one single measure of protection was taken until the visit of the inspector. A public health nurse followed the inspector and attempted to teach the families how to nurse the cases so as to prevent the spread of the infection.

On October 17 an outbreak of typhoid fever at Homeville, near Sandusky, was investigated. Cases here led to the infection of six ball players who appeared once at Homeville and drank water there. Communities as far distant as Castalia and Steubenville suffered as a result of the typhoid outbreak at Homeville. In nearly every home in this little settlement the typhoid bacillus finds an easy route from the case or carrier to the healthy person through improperly constructed privies, poorly protected wells, contaminated food and flies.

Outbreaks of smallpox and cases of suspected smallpox were investigated at Union Township, Logan County; Oxford; Waterloo Township, Hocking County; Arcanum, and Jeromeville, at the last-named of which places not smallpox but inpetigo contagiosa was found. As a rule smallpox does not spread in communities with adequate health protection, but in rural districts, it almost always increases in spite of the lesser amount of contact.

Outbreaks of diphtheria were investigated at Forest and Columbus Grove. The application of modern methods of control soon succeeded in checking the spread of the disease. There was some opposition to the quarantine of carriers, but that soon disappeared when the results of such work were discovered. Three or four cases of some variety of intestinal disease with high case fatality were investigated in Alliance, but the outbreak was checked before the nature of the disease was diagnosed.

During November outbreaks of typhoid fever were investigated at Hoytsville; Tiffin Township, Defiance County; Georgetown, and the Institution for the Feeble Minded at Orient. No cases were found at Hoytsville. In Tiffin Township, Defiance County, seven cases were found. None of these cases had been reported to the health officer. In no case had any attempt been made to disinfect the discharges, and no persons in the affected families had been given anti-typhoid vaccine. Milk and cream were being sold from the farm where these cases lived. This practice was stopped immediately. In Georgetown an outbreak of seven cases was traced to the milk supply. The distributor obtained milk from one of his neighbors whose sons were recovering from typhoid fever just at the time when infection of the seven cases probably occurred. At the Institution for the Feeble Minded, prophylactic vaccination of all inmates prevented the spread of typhoid fever.

Smallpox was investigated in Piqua; West Liberty; Union Township, Fayette County; Avon-on-the-Lake; Rarden Township, Scioto County, and Waterloo Township, Hocking County. None of these outbreaks is worthy of mention. All were due to lack of proper health organizations in rural districts.

Outbreaks of scarlet fever were investigated at Southington and Farmington Townships, Trumbull County, where the disease spread because of lack of proper health protection facilities. Quarantine

enforcement in diphtheria at Derby was investigated and great laxity was found, as is usual in villages and townships. An outbreak of whooping cough in Bloom Township, Wood County, was investigated, and the regulations of the State Department of Health concerning this diseases were made known and enforced.

Anyone familiar with the work of this Division cannot fail to realize the sharp contrast between health organizations in rural districts and the larger cities. In October and November, 1919, thousands of persons were ill and many died in rural districts from preventable diseases which even the skeleton of an adequate health department could have prevented. The crying need of Ohio today is some such system of rural health protection as is outlined in the Hughes Act.

Notifiable Diseases, October

TABLE I.—REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, OCTOBER, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHPS, OCTOBER, 1919, AND CASE RATES PER THOUSAND POPULATION, OCTOBER, 1917-1919.

Diseases	October, 1919			October, 1918.	October, 1917.	October Case Rates Per 1000 Population.		
	Cities.	Villages and Townships	Total.			1919.	1918.	1917.
All notifiable diseases...	4,809	1,961	6,770	64,845	5,489	1.273	12.321	1.054
Chickenpox	370	200	570	415	771	.107	.079	.148
Diphtheria	909	323	1,232	688	1,132	.232	.131	.217
Gonorrhea	603	30	633	372	75	.119	.071	.014
Influenza	93	110	203	57,796	*	.038	10.981	*
Measles	421	211	632	350	200	.119	.067	.037
Measles, German.....	1	6	7	30	26	.001	.006	.005
Meningitis, cerebrospinal	8	4	12	19	25	.002	.004	.005
Mumps	51	61	112	156	121	.021	.029	.022
Ophthalmia neonatorum.	188	4	192	192	137	.036	.036	.026
Pneumonia acute lobar..	52	19	71	2 347	190	.013	.446	.036
Pneumonia, broncho....	22	14	36	*	*	.007	*	*
Poliomyelitis	22	6	28	11	33	.005	.002	.006
Scarlet fever.....	576	312	888	697	709	.167	.132	.136
Smallpox	57	36	93	290	520	.017	.055	.099
Syphilis	591	44	635	148	56	.119	.028	.009
Trachoma	19	70	89	10	18	.017	.002	.004
Tuberculosis, all forms.	363	83	446	405	557	.084	.077	.106
Typhoid fever.....	185	278	463	492	458	.087	.093	.088
Whooping cough.....	266	121	387	362	427	.073	.069	.082
All other diseases.....	12	29	41	65	34	.008	.012	.006

* Not notifiable.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER THOUSAND POPULATION, OHIO CITIES, OCTOBER, 1919.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Total	.94	2,859	969	421	8	52	22	576	57	363	185	266
Akron	1.54	140	32	2	2	1	....	25	....	23	15	40
Alliance	.43	9	3	1	....	....	....	3	....	1	....	1
Ashland	.21	2	2	....	....	....	....	....	....	....	....	....
Ashtabula	1.03	24	5	18	....	....	....	....	....	....	1	....
Athens	.13	1	....	....	....	....	....	....	....	....	1	....
Barberton	.49	7	4	....	....	....	....	1	....	2	....	....
Bellaire	.14	7	3	....	....	....	....	4	....	....	....	....
Bellefontaine	.72	7	....	....	....	1	....	1	....	3	2	....
Bellevue	1.12	7	2	....	....	....	....	2	....	....	3	....
Bowling Green	.19	1	....	....	....	....	....	....	....	....	1	....
Bucyrus	1.98	19	3	1	....	1	....	7	1	1	4	1
Cambridge	.77	11	10	....	....	....	....	1	....	....	....	....
Canton	.77	55	31	....	....	....	....	9	3	3	2	7
Chillicothe	1.01	16	10	....	....	....	1	2	....	....	3	....
Cincinnati	.76	381	137	21	....	....	....	92	5	94	10	22
Circleville*	....	....	....	....	....	....	....	....	....	....	....	....
Cleveland	.79	798	363	68	....	39	2	106	6	129	17	68
Columbus	.41	309	36	2	....	....	2	44	....	16	7	2
Conneaut	.21	2	....	....	....	....	....	1	....	1	....	....
Coshocton	.32	4	1	....	....	....	....	1	....	1	1	....
Dayton	.32	46	18	1	....	1	....	7	....	11	3	5
Defiance	1.22	9	1	....	1	....	2	1	....	1	3	....
Delaware	.98	10	2	....	....	....	....	1	3	....	4	....
Delphos	1.26	7	1	....	....	2	1	....	....	....	3	....
Dover	1.55	12	10	....	....	1	....	....	....	1	....	....
East Cleveland	.79	12	8	....	....	....	....	1	1	....	....	2
East Liverpool	.74	18	3	....	....	....	....	12	....	1	2	....
Elyria	5.29	108	....	97	1	....	1	....	....	5	1	3
Findlay	.61	9	2	....	....	....	....	1	2	1	3	....
Fostoria	.53	6	....	1	....	....	....	5	....	....	....	....
Fremont	.49	5	2	....	....	....	....	....	....	1	2	....
Galion*	....	....	....	....	....	....	....	....	....	....	....	....
Gallipolis*	....	....	....	....	....	....	....	....	....	....	....	....
Greenville	.29	2	....	....	....	....	....	1	....	....	1	....
Hamilton	.71	32	10	....	....	....	....	13	2	3	1	3
Ironton	.56	8	3	....	....	....	....	1	1	1	2	....
Jackson	1.61	10	2	....	....	....	....	5	....	2	1	....
Kenton	1.06	8	....	....	....	....	....	....	....	3	5	....
Lakewood	.72	12	7	1	....	....	....	3	....	1	....	....
Lancaster	.24	4	2	....	....	....	....	....	....	....	2	....
Lima	2.82	94	35	3	....	....	1	37	....	....	16	2
Lorain	.38	16	3	....	1	....	....	8	....	2	1	1
Mansfield	.63	15	1	....	....	....	....	1	8	2	....	3
Marietta	.92	12	10	....	....	....	....	....	....	....	2	....
Marion	.61	15	4	....	....	....	....	1	....	5	5	....
Martins Ferry	.29	3	2	....	....	....	....	....	....	1	....	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER THOUSAND POPULATION, OHIO CITIES, OCTOBER, 1919—Concluded.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acute Lobar.	Poliomyelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Massillon	1.64	41	3	29	....	....	....	7	....	....	2	....
Middletown	.31	5	.....	.....	....	....	....	3	....	....	2	....
Mt. Vernon	1.06	12	5	.....	....	....	....	1	....	....	6	....
Nelsonville	1.35	9	2	.....	....	....	....	6	....	....	1	....
New Philadelphia	.56	6	4	1	....	....	....	....	1	....	....	....
Newark	.37	12	.....	1	1	....	....	2	....	5	3	....
Niles	.35	3	.....	.....	....	....	....	.....	....	....	2	1
Norwalk	.35	3	.....	.....	....	....	....	3	....	....	....	....
Norwood	3.76	94	.....	80	....	....	....	3	3	1	2	5
Painesville*	.....	.....	.....	.....	....	....	....	.....	....	....	....	....
Piqua	.68	10	1	.....	....	....	2	....	3	....	4	....
Portsmouth	1.16	33	14	.....	....	....	....	9	2	3	5	....
Ravenna	.92	6	6	.....	....	....	....	....	....	....	....	....
St. Bernard	31	2	1	.....	....	....	....	1	....	....	....	....
St. Marys	.16	1	.....	.....	....	....	....	....	....	....	1	....
Salem	2.16	22	6	1	....	....	....	3	....	2	1	9
Sandusky	.49	10	.....	1	....	1	....	1	....	1	6	....
Sidney	.51	4	3	.....	....	....	....	....	....	....	1	....
Springfield	.34	19	2	2	....	....	....	4	....	6	3	2
Steubenville	.56	17	10	.....	....	1	....	2	1	2	1	....
Tiffin	.08	1	.....	.....	....	....	....	....	....	....	1	....
Toledo	1.67	333	32	88	1	2	10	94	....	17	7	82
Troy	.16	1	.....	.....	....	....	....	....	....	....	1	....
Urbana	.12	1	.....	.....	....	....	....	....	....	1	....	....
Van Wert	.38	3	.....	.....	....	....	....	2	....	1	....	....
Wapakoneta	.15	1	1	.....	....	....	....	....	....	....	....	....
Warren	1.33	18	8	.....	....	1	....	5	....	....	4	....
Washington C. H.*	.....	.....	.....	.....	....	....	....	.....	....	....	....	....
Wellston	2.03	14	14	.....	....	....	....	....	....	....	....	....
Wellsville*	.....	.....	.....	.....	....	....	....	.....	....	....	....	....
Wooster	.48	3	1	.....	....	....	....	2	....	....	....	....
Xenia*	.....	.....	.....	.....	....	....	....	.....	....	....	....	....
Youngstown	.91	101	28	2	1	1	....	31	15	8	8	7
Zanesville	.03	1	.....	.....	....	....	....	....	....	1	....	....

* No cases of specified diseases reported during the month.

Notifiable Diseases, November

TABLE I.—REPORTED CASES OF NOTIFIABLE DISEASES, OHIO, NOVEMBER, 1917-1919, WITH DISTRIBUTION FOR CITIES AND FOR VILLAGES AND TOWNSHIPS, NOVEMBER, 1919, AND CASE RATES PER THOUSAND POPULATION, NOVEMBER, 1917-1919.

Diseases.	November, 1919			November, 1918.	November, 1917.	November Case Rates Per 1000 Population.		
	Cities.	Villages and Townships.	Total.			1919.	1918.	1917.
All notifiable diseases..	5,998	2,441	8,439	63,768	7,051	1.527	12.116	1.354
Chickenpox	657	308	963	260	1,362	.181	.049	.262
Diphtheria	985	370	1,355	542	1,050	.255	.103	.202
Gonorrhea	509	84	593	326	90	.111	.062	.017
Influenza	71	107	178	58,681	*	.033	11.149	*
Measles	1,136	389	1,525	172	485	.287	.033	.093
Measles, German	7	3	10	25	47	.002	.005	.009
Meningitis, cerebrespinal	5	3	8	11	21	.002	.002	.004
Mumps	96	98	194	174	432	.036	.033	.083
Ophthalmia neonatorum.	146	3	149	103	121	.028	.019	.023
Pneumonia, acute lobar.	98	38	136	1,516	245	.026	.288	.047
Pneumonia, broncho....	23	37	60	*	*	.011	*	*
Poliomelitis	6	5	11	5	12	.002	.001	.002
Scarlet fever	748	374	1,122	411	955	.211	.078	.183
Smallpox	152	84	236	463	814	.044	.088	.156
Syphilis	440	84	524	177	68	.099	.034	.013
Trachoma	35	15	50	4	22	.009	.001	.004
Tuberculosis, all forms.	315	88	403	416	490	.076	.079	.094
Typhoid fever	161	141	302	153	212	.057	.029	.041
Whooping cough	389	176	565	271	590	.106	.051	.113
Other notifiable diseases	19	36	55	58	35	.010	.011	.007

* Not notifiable.

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER THOUSAND POPULATION, OHIO CITIES, NOVEMBER, 1919.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Cerebrospinal.	Pneumonia, Acue Lobar.	Poliomelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, all forms.	Typhoid Fever.	Whooping Cough.
Total	1.32	3,995	985	1,136	5	98	6	748	152	315	161	389
Akron	2.53	230	34	25	2	6	1	57	....	18	8	79
Alliance	.43	9	3	.....	....	....	....	6	....	....	....	....
Ashland	.43	4	4	.....	....	....	....	....	....	....	....	....
Ashtabula	2.28	53	6	41	....	....	....	3	....	1	2	....

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER THOUSAND POPULATION, OHIO CITIES, NOVEMBER, 1919—Continued.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Creebrospinal.	Pneumonia, Acue Lobar.	Poliomelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Athens	.52	4	1					1		2		
Barberton	.57	8	5					1			2	
Bellaire	.25	4	2			1				1		
Bellefontaine	.62	6	1	1				1		2	1	
Bellevue	1.12	7						2				5
Bowling Green	.56	3									3	
Bucyrus	3.33	32	4	3				6	2	1		16
Cambridge	.84	12	5	1		1		2			3	
Canton	2.25	161	43	3				8	7	6	4	90
Chillicothe	1.45	23	15					1	4	2	1	
Cincinnati	.98	490	113	106	1	1		165	4	77	2	21
Circleville	.29	2						2				
Cleveland	.97	970	395	213		68	2	109	10	85	11	77
Columbus	.46	116	36	4				39	2	26	8	1
Conneaut	3.49	33	8	23						2		
Coshocton	.08	1							1			
Dayton	.45	64	23	3		1		8		15	2	12
Defiance	.41	3									3	
Delaware	2.06	21	14					7				
Delphos	1.26	7	2				1	1			3	
Dover	1.16	9	6					3				
East Cleveland	.86	13	8					1				4
East Liverpool	.74	18	5					10	2		1	
Elyria	5.78	118	2	114		1			1			
Findlay	.47	7							1	1		5
Fostoria	.62	7						4		1	2	
Fremont	.39	4		2							2	
Galion	.28	2		1							1	
*Gallipolis												
Greenville	.58	4			1			2		1		
Hamilton	.81	37	8	12		2		9		3	1	2
Ironton	.84	12	2	2				1	1		5	1
Jackson	.32	2						1		1		
Kenton	.27	2						1			1	
Lakewood	.18	3								2	1	
Lancaster	.94	16	9					6			1	
Lima	3.84	128	35	1				29		2	61	
Lorain	.38	16	6	2				2		1		5
Mansfield	2.06	49	3			1		5	37	2		1
Marietta	.54	7	5					2				
Marion	1.03	25	9			2		5	3	4	2	
Martins Ferry	.48	5						1				4
Massillon	2 24	56	1	49				3		2	1	
Middletown	.72	12	3	2				6				1
Mt. Vernon	.44	5	3					2				
Nelsonville	.75	5	1					1			3	
New Philadelphia	.19	2	2									
Newark	.34	11						3		5	3	
Niles	.47	4						4				

TABLE II.—REPORTED CASES, TEN NOTIFIABLE DISEASES, WITH CASE RATES PER THOUSAND POPULATION, OHIO CITIES, NOVEMBER, 1919—Concluded.

City.	Total Case Rate Per 1000 Population.	Total Reported Cases.	Diphtheria.	Measles.	Meningitis, Creebrospinal.	Pneumonia, Acue Lobar.	Poliomelitis.	Scarlet Fever.	Smallpox.	Tuberculosis, All Forms.	Typhoid Fever.	Whooping Cough.
Norwalk	1.86	16	.....	1	....	1	....	14	....	....	....	....
Norwood	6.52	163	6	144	....	2	....	6	1	2	....	2
Painesville	.33	2	.....	2	....	....	....	....	....	....	....	....
Piqua	2.92	43	3	1	....	4	....	2	30	3	....	....
Portsmouth	1.18	36	26	.....	....	....	....	4	3	2	1	....
Ravenna	.92	6	6	.....	....	....	....	....	....	....	....	....
*St. Bernard	.....	.....	.....	.....	....	....	....	....	....	....	....	....
St. Marys	.16	1	.....	.....	....	....	....	....	....	....	1	....
Salem	1.37	14	1	2	.....	....	....	6	....	1	....	4
Sandusky	.34	7	1	2	....	3	....	....	....	1	....	....
Sidney	.27	2	1	.....	....	....	....	1	....	....	....	....
Springfield	.39	22	1	2	....	....	....	5	....	4	1	9
Steubenville	1.32	40	15	1	....	2	....	....	19	2	....	1
Tiffin	.15	2	1	.....	....	....	....	....	....	....	1	....
Toledo	3.08	616	44	366	....	1	2	144	1	23	4	31
*Troy	.....	.....	.....	.....	....	....	....	....	....	....	....	....
Urbana	.23	2	.....	1	....	....	....	....	....	....	1	....
Van Wert	.38	3	.....	.....	....	....	....	3	....	....	....	....
Wapakoneta	.45	3	3	.....	....	....	....	....	....	....	....	....
Warren	1.63	22	6	1	....	1	....	8	....	....	4	2
*Washington C. H.	.....	.....	.....	.....	....	....	....	....	....	....	....	....
Wellston	1.02	7	6	.....	....	....	....	1	....	....	....	....
Wellsville	.11	1	.....	.....	....	....	....	....	....	....	1	....
Wooster	1.45	9	3	.....	....	....	....	4	....	1	....	1
Xenia	.69	6	.....	.....	....	....	....	....	....	....	1	5
Youngstown	1.07	119	35	4	1	....	....	29	23	10	7	10
Zanesville	.34	11	5	1	....	....	....	1	....	3	1	....

*No cases of specified diseases reported during the month.

DIVISION OF HYGIENE

Activities of the Director of the Division in October and November included: Attendance at the National Safety Council conference in Cleveland, at which meeting the Department maintained an exhibit on venereal disease and trachoma; attendance at a meeting of the State Conference of Tuberculosis Hospital Superintendents, at which a preliminary report was submitted by the committee on minimum standards; conference with the Ohio Council of Social Agencies in regard to a survey of Hamilton; inspection of a proposed tuberculosis hospital site at Wheeling, W. Va., made at the expense of a local organization; delivery of a paper on "Better Provision for the Tuberculous Poor" before the State Conference on Charities; attendance at a meeting of commissioners of Seneca, Wood, San-

dusky and Hancock counties in regard to a proposed district tuberculosis hospital; conferences regarding extension of the activities of the Ohio Society for the Prevention of Tuberculosis, program for the "Keeping Fit" campaign being carried on in the schools of the State by the Y. M. C. A. and the co-operative program for public health nursing service agreed upon by the American Red Cross and the State Department of Health; lectures before nurses at tthe Ohio State University Homeopathic Hospital, before students in the health officers' extension course maintained by the Ohio State University College of Medicine, and before the Clarke County Medical Society.

Bureau of Tuberculosis

Work in behalf of discharged soldiers in October and November, together with totals since the beginning of this activity, are summarized in the following table:

	Oct.	*Nov.*	*Total*
Notifications received	27	19	1044
Cases referred to public health nurses	22	13	709
Reports received from public health nurses	7	5	402
Cases written directly	5	4	324
Replies received	0	0	73
Cases visited by Division nurses	0	0	295
Cases admitted to sanatorium	0	0	56
Cases non-obtaintainable	2	2	128

The following table summarizes notifications of tuberculosis hospital admissions and discharges received in October:

Institutions	*Admissions*	*Discharges*
Ohio State San'tor'm	45	53
Butler Co. Sanator'm	..	4
Franklin Co. San'tr'm	28	26
Lucas Co. Tbc. Hosp.	17	15
Dayton Dist. Hosp.	5	6
Lima District Hosp..	9	6
Springfield Dis. Hosp.	9	8
Springfield Lake San.	27	19
Mt. Logan Sanator'm	3	5
Rocky Glen San'tor'm	2	8
St. Anthony's Hosp.	4	6
Total	149	156

November notifications of hospital admissions and discharges are summarized as follows:

Institutions	*Admissions*	*Discharges*
Ohio State San'tor'm	48	33
Butler Co. Sanator'm	..	..
Franklin Co. San'tr'm	27	16
Lucas Co. Tbc. Hosp.	14	8
Dayton Dist. Hosp..	7	9
Lima District Hosp.	4	10
Springfield Dis. Hosp.	5	5
Springfield Lake San.	17	21
Mt. Logan Sanator'm	2	2
Rocky Glen San'tor'm	..	2
St. Anthony's Hosp.	4	1
Total	128	107

Bureau of Child Hygiene

Two new assistants were added to the Bureau staff October 1. To one the supervision of maternity hospitals was assigned, and the other is to be employed in development of supplemental hygiene work in the schools.

The maternity hospital and midwife situation in several cities of the State was studied in October and November.

A general survey of school conditions in Gallia, Lawrence, Trumbull and Columbiana counties was made, and in all counties teachers, superintendents and nurses were found ready to co-operate in any program which may be developed

for the State. The Bureau co-operated in the Hamilton survey.

The Chief of the Bureau addressed three hundred rural members of the Southern Ohio Teachers' Association on "The Health Program for Rural Schools" Octobr 23 and 24; there was an active discussion of the effect reorganization of local public health agencies would have on school physical supervision. The Chief spent two days at New Philadelpria aiding in the development of the city's school health program. Other conferences during October and November included attendance at a Social Unit meeting in Cincinnati, and the State Conference on Social Work in the same city. Lectures were given before the health officers' class at the Ohio State University College of Medicine.

Bureau of Public Nursing

Changes in the local public health nursing service of the State in October and November included:

Miami County.—Miss Clara Mae Dodds appointed Red Cross nurse.

Hamilton County.—Miss Clara Schmees appointed county nurse, succeeding Mrs. McCarthy, resigned.

Portage County—Miss Viva I. Thompson appointed Red Cross nurse.

Urbana.—Mrs. Anna Beverly resigned as public health nurse.

Marysville.—Miss Rosena Trusler appointed public health nurse to demonstrate public health nursing until January 1.

Mt. Vernon.—Mrs. Anna B. Beverly appointed Red Cross nurse.

Akron.—Miss Olive Beason resigned as superintendent of nurses in the city health department.

Trumbull County.—Mrs. Weaver appointed school nurse.

Kenton.—Mrs. Clarabel Couch resigned as public health nurse.

Oberlin.—Miss Harriett Farrall appointed Red Cross nurse.

Miss Effie Stinehour resigned from the nursing staff of the State Department of Health October 13. Miss Florence Darke was appointed district supervising nurse for District 3, and Mrs. Zoe McCaleb was appointed as trachoma nurse to aid in the trachoma survey work being conducted by the Division of Communicable Diseases.

The Chief of the Bureau, as Red Cross nursing supervistor for Ohio, attended the annual meeting of Red Cross division and state directors of nursing at the national headquarters in November. The Bureau was represented at the Ohio Welfare Conference in Cincinnati, and aided in the Hamilton survey. District supervising nurses did extensive work in the interest of the Red Cross Christmas seal campaign.

Prevention of blindness case reports and follow-up work in October and November are summarized in the following table:

	Oct.	*Nov.*
Cases reported	185	183
Cases reported by physicians	42	29
Cases reported by midwives	42	39
Cases reported by nurses	25	28
Cases reported by institutions	72	86
Cases reported by nurses and physicians	4	1
Instructions to health officers by telephone	6	3
Cases investigated by Department	25	9
Prophylactic outfits distributed	5,227	7,405

Bureau of Venereal Diseases

The Chief of the Bureau visited several of the venereal disease clinics in the State in October and November. Promising situations were found at Lima, Toledo, Warren and Akron. In Lorain and Ashtabula it was found that little was being accomplished and that interest in venereal disease control ac-

tivities was at a low ebb. As a result of a conference with the Youngstown board of health, the State Department of Health was requested to outline a program for improvement and further development of that city's venereal disease activities. At Massillon facts and plans for the establishment of a clinic were presented to the Rotary Club. The Chief attended a national conference on the "Keeping Fit" campaign in Washington November 4 and 5.

Lecturers of the Bureau in November addressed 6,083 persons in 57 meetings, at all of which literature was distributed. In the "Keeping Fit" campaign in the high schools, 24 showings of exhibits in two districts reached 1,506 boys.

Clinic reports for October and November give the following totals:

OCTOBER

New cases admitted—
Syphilis, male 305, female 194.
Gonorrhea, male 364, female 77.
Chancroid, male 40, female 5.
Total new admissions—male 708, female 275.
Cases treated, 5,127.
Patients in clinics, 3,590.
Treatments, 10,770.
Arsphenamine treatments, 1,651.
Wassermann taken, 1,546.

NOVEMBER

New cases admitted—
Syphilis, male 252, female 146.
Gonorrhea, male 273, female 81.
Chancroid, male 46, female 2.
Total new admissions—male 567, female 206, total 773.
Cases treated, 5,096..
Patients in clinics, 3,339.
Treatments, 10,768.
Arsphenamine treatments, 1,656.
Wassermann taken, 1,307.

Bureau of Hospitals

Progress of hospital and dispensary registration is summarized as follows:

Hospitals on mailing list Nov. 30.		308
Hospitals registered—		
Prior to October 1.....	40	
In October	172	
In November	23	
Total registered to Nov. 30..		234
Hospitals not registered to Nov. 30		74
Estimated bed capacity on hospital mailing list		32,000
Number beds registered to Nov. 30		29,955
Percent of beds registered to Nov. 30		94.0%
Dispensaries on mailing list Nov. 30		59
Dispensaries registered—		
Prior to October 1.....	3	
In October	27	
In November	16	
Total registered to Nov. 30..		46
Dispensaries not registered to Nov. 30		13
Percent of dispensaries registered to Nov. 30.		78.0%

Conferences in October and November dealt with the definition of *hospital* and *dispensary,* with the proposed meeting of hospital representatives, with uniform annual report forms, with registration of city dispensaries and industrial dispensaries and with the subject of industrial dispensaries at mines.

Invitations were issued to thirty representatives of hospital interests of the State to attend a conference December 3 to discuss the provisions of the Kryder Act and the Talley Resolution.

DIVISION OF INDUSTRIAL HYGIENE

OCTOBER

Consulting Services:

Lead, benzol and other poisons in the rubber industry; industries in which chief industrial poisons are found, upon request of the Secretary of the State Federation of Labor; health officers' extension course; Civil Service Commission re examinations; U. S. Bureau of Chemistry re zinc chloride poison-

ing; extent of employment of chiropodists in industrial plants; qualifications of personnel and positions for industrial medical service.

Investigative Work:

Poison hazards in a large rubber plant; employment hours of minor female in restaurant; alleged community nuisance of a brick plant; investigation of dermatitis in rubber workers; medical supervision of lead workers; hygenic condition of lead plant; literature on non-poisonous dusts; literature on case reports and control methods.

Publicity and Educational Work:

Re health officers' extension course; distributing of educational pamphlets; two popular addresses and one scientific paper in New Orleans at meeting of American Public Health Association; two technical discussions, Cleveland, meeting of National Safety Council; teaching of personal hygiene to Ohio State University students; lectures to applicants in extension course for health commissioners; monthly industrial hygiene abstracts for *American Journal of Public Health.*

Occupational Diseases Reported to Division:

Lead poisoning, three cases, all engaged in storage battery industry. Of the 350 cases of tuberculosis reported to the State Department of Health in October, 100 (incomplete) occurred among industrial workers. (The number of cases of occupational diseases reported should not be taken as an index of occupational disease prevalence.

NOVEMBER

Consulting Services:

Industrial medicine conference, called by Rockefeller Foundation; dermatitis, rubber workers; health hazards of flour milling industry; carbon monoxide poisoning; industrial dispensaries; benzine and benzol in the rubber industry; industrial and school hygiene by American Red Cross; teaching methods; industrial morbidity statistics; qualification of personnel and positions for industrial medical services.

Investigative Work:

Literature for case reports and control methods; medical supervision at a plant manufacturing disinfectant sprays; hygiene and sanitation of paint grinding plant; poisonous properties of organic accelerators; hygiene, sanitation and medical service in four rubber plants; hygiene and sanitation of arsenate of lead plant; hygiene and sanitation of plant manufacturing banners and regalia.

Publicity and Educational Work:

Re health officers' extension course; 6,143 pieces of literature distributed; "Health of Ohio Coal Miners" (*Jour. of Ind. Hyg.,* Nov., 1919); address to 500 executives and foremen of a large rubber plant; teaching of personal hygiene to 37 Ohio State University students; scheduled lectures to applicants in extension course for health commissioners; monthly abstracts for *American Journal of Public Health.*

Occupational Diseases Reported to Division:

Lead poisoning, six cases — four engaged in the manufacture of storage batteries, one in plant manufacturing lead arsenate disinfectant, and one in a white lead plant.

DIVISION OF LABORATORIES

OCTOBER

The Division made 3,909 examinations in October, of which 3,621 were bacteriological and 288 were chemical. The bacteriological examinations, with their results, are classified as follows:

Diphtheria, pos. 154, neg. 460, sus. 70, no growth 6	690
Tuberculosis, pos. 96, neg. 327, sus. 3	426
Typhoid, pos. 54, neg. 99, sus. 21.	174
Wassermann, pos. 483, neg. 1,475, unsat. 102	2,060
Gonorrhea, pos. 32, neg. 41	73
Malaria, pos. 0, neg. 2	2
Rabies, pos. 10, neg. 1, unsat. 1	12
Water	180
Miscellaneous	4

Of the 2,060 Wassermann examinations, 1,149 were for private physicians, 487 for venereal disease clinics and 424 for institutions.

Of the chemical samples, 52 were foods and 13 were drugs. Reports on the food samples were: satisfactory 20, misbranded 0, adulterated 19 (11 milk, 5 vinegar and one each of canned tomatoes, maple syrup and soft drinks), insufficient information 13. The drugs were reported as follows: satisfactory 11, misbranded 1 (cough syrup), adulterated 1 (castile soap), insufficient information 0.

Distribution of outfits in October was as follows: Diphtheria 2,151, tuberculosis 1,341, typhoid 952, Wasserman 3,679, gonorrhea 654, malaria 98, feces 5, miscellaneous 1, chemical water 11, quarts 4, bacteriological water 200, triple typhoid vaccine 1,784, media 58, ophthalmia 5,722; total 16,660.

NOVEMBER

The Division made 4,853 examinations in November, of which 4,635 were bacteriological and 218 were chemical. The bacteriological examinations, with their results, are classified as follows:

Diphtheria, pos. 302, neg. 956, sus. 100, no growth 53	1,411
Tuberculosis, pos. 80, neg. 307, sus. 1	388
Typhoid, pos. 36, neg. 69, sus. 6	111
Wassermann, pos. 506, neg. 1,752, unsat. 112	2,370
Gonorrhea, pos. 59, neg. 102	161
Malaria, pos. 0, neg. 2	2
Rabies, pos. 7, neg. 3, sus. 1, unsat. 1	12
Water	157
Miscellaneous	23

Of the 2,370 Wassermann examinations, 1,179 were for private physicians, 466 for venereal disease clinics and 725 for institutions.

Of the chemical samples, 34 were foods and 19 were drugs. Reports on the foods were: satisfactory 10, misbranded 2 (both vinegar), adulterated 9 (5 vinegar, 3 milk and 1 cider), insufficient information 13. The drug samples were reported as follows: satisfactory 9, misbranded 3 (2 proprietaries, 1 toilet water), adulterated 6 (2 proprietaries, 2 castile soap, 1 camphorated oil, 1 suspected alcoholic liquor), in sufficient information 1.

Distribution of outfits in November was as follows: Diphtheria 1,342, tuberculosis 462, typhoid 159, Wassermann 2,853, gonorrhea 211, malaria 50, feces 20, chemical water 45, quarts 4, bacteriological water 115, triple typhoid vaccine 234, ophthalmia 7,405; total 12,900.

DIVISION OF SANITARY ENGINEERING

During October and November the Division of Sanitary Engineering was called upon to make preliminary investigations and furnish advice regarding the following proposed improvements:

Additional sewerage for Akron.
New water purification plant for Batavia.
Water purification plant for Defiance.
Water supply and sewerage system for Georgetown.
Water supply and sewerage system for Grafton.
Additional water supply for Mansfield.
New water supply for the Ohio Penitentiary at Columbus.
New water supply for West Carrollton.

Plans have been submitted for the following proposed improvements:

New water purification plant for Batavia.
Additional sewerage for Bexley.
Water supply reservoirs for Canton.
Water purification plant for Defiance.
Water supply for Silver Lake.
Extension of water supply for Springfield.
Enlargement of water purification plant for Toledo.

Bureau of Plumbing

The Bureau made 216 inspections in October and collected fees amounting to $287.50. Other activities of the month included 12 conferences, eight investigations, issuance of five orders, approval of one set of plans, examination of two sets of plans, filing of one affidavit and issuance of 17 certificates of approval.

In November the Bureau made 41 inspections and collected $175.25 in fees. Twelve conferences were attended, 13 investigations were made, three orders were issued, seven sets of plans were approved, two sets of plans were examined, an address was given before the Plumbers' Association in Cleveland, a hearing was attended at Marion and 13 certificates of approval were issued.

DIVISION OF ADMINISTRATION

Bureau of Publicity

The Bureau issued 33 publicity articles in October and 15 in November. Fifteen released through the weekly News Letter in October were published in 80 papers in 70 communities in 55 counties, attaining a total of 843,222 printed copies (incomplete report). Seven News Letter stories in November appeared in 62 papers in 42 communities in 41 counties, attaining a total of 728,635 printed copies (incomplete report).

New publications and new editions of old publications issued in October and November were:

Reprint 1903, "Health of Ohio Coal Miners."
Reprint 1904, "Court Holds Venereal Disease Regulations Valid."
Health Education Bulletin 113, "Are You in Business for Your Health?"
Administrative Bulletin 126, soda fountain regulations.
Educational Circular 114 (Roumanian, Hungarian, Polish), "Some Facts About Gonorrhea."
Educational Circular 115 (Roumanian, Hungarian, Polish), "Some Facts About Syphilis."
Educational Circular 119, "Influenza, Pneumonia and Tuberculosis Are Spread by Careless Spitters" (anti-spitting cartoon poster).

Distribution of publications totaled 24,700 in October and 73,427 in November.

Additions to the Library numbered 12 in October and eight in November.

Two sets of lantern slides were sent out on loan in November. Six new sets of "Keeping Fit" slides were purchased.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Buckeyes at A. P. H. A. Meeting

Ohioans in attendance at the annual meeting of the American Public Health Association in New Orleans October 27-30 included: Dr. W. H. Peters, Cincinnati health officer; Dr. H. L. Rockwood, health commissioner of Cleveland; Dr. John A. Kappelman, health officer of Canton; Dr. D. E. Lowe of the Goodyear Rubber Co., Akron; Dr. Roger Perkins, Cleveland; Dr. John E. Monger, State Registrar of Vital Statistics; Dr. A. W. Freeman, State Commissioner of Health; J. E. Bauman, Deputy Commissioner of Health; W. H. Dittoe, chief engineer of the State Department of Health, and Dr. E. R. Hayhurst, consultant in industrial hygiene with the State Department of Health. Dr. Kappelman was elected a director of the Association.

Examining Board Named

Several of the country's leading public health experts were members of the special examining board named by the State Civil Service Commission to conduct the examination for district health commissioners. The board included:

Dr. Allen J. McLaughlin, former health commissioner of Massachusetts, now assistant surgeon general in the United States Public Health Service; Dr. L. L. Lumsden of the United States Public Health Service; Dr. W. S. Rankin, secretary of the North Carolina State Board of Health; Dr. Otto P. Geier, industrial physician of Cincinnati, and Sherman Kingsley, secretary of the Cleveland Welfare Federation.

Nearly three hundred applicants took the civil service examination. The entire program was set aside by the repeal of the civil service sections of the Hughes Act.

Dentists for Better Health

The Ohio State Dental Society, in session in Columbus December 4, adopted the following resolution commending the General Assembly for the passage of the Hughes Act:

WHEREAS, The Eighty-third General Assembly has passed the Hughes Health Law (H. B. 211), which is recognized by the members of this society and by sanitarians generally as the foremost public health legislation enacted in this country; therefore be it

Resolved, By the Ohio Dental Society that we commend the General Assembly of Ohio in its effort to provide adequate health protection for the people of this State.

Study School Health

School health surveys will be carried out in many Ohio counties this winter by local women's child welfare committees, acting under the direction of the Bureau of Child Hygiene of the State Department of Health.

The Department has prepared blanks to be filled out in grading schools according to health supervision and sanitary conditions. These standard blanks will be used in all counties engaging in the sur-

vey and will provide a means of accurate comparisons between different schools and different localities.

Facts disclosed by the survey will be published in statistical form by the Department.

Club Women Favor Nurses

The Ohio Federation of Women's Clubs in annual session at Cleveland, October 16, passed resolutions endorsing the national fight against tuberculosis and pledged support to the movement to secure more public health nurses.

Canton to Have Laboratory

Canton council has appropriated $5,500 for a public health laboratory upon the recommendation of Health Commissioner J. A. Kappelman.

Dr. Kappelman reported that the diphtheria situation demanded laboratory service, and action was taken promptly by council. The method of control of diphtheria in vogue in Canton, according to Dr. Kappelman, was antiquated and inadequate to reduce the disease to normal.

Sanitary Engineer Employed

By recent action of the county commissioners, Summit county is to have a sanitary engineer. E. D. Barstow of Cuyahoga Falls has been appointed to the position at a salary of $3,600.

The county has two sanitary projects ready for completion. One of these is the Tallmadge sewer, already partly completed, and the other is the problem of drainage for the territory immediately northwest of the Akron city limits.

Will Issue Hospital Bonds

Summit County voters at the November election gave their assent to a $50,000 bond issue for extension of the Springfield Lake tuberculosis sanatorium, which is to be taken over as a county institution under legislation recently enacted. The other counties in the former hospital district have agreed to sell their interests to Summit County and laws passed at the present legislative session make this action possible.

Survey Cleveland Hospitals

A hospital and health survey of the city was undertaken in Cleveland in November, under the direction of Dr. Haven Emerson of New York. The Cleveland Hospital Council backed the movement. The survey was divided into two parts, as follows:

First, study of existing hospital and health facilities, both public and private. This involves a study of medical education in Cleveland, nurses' education, existing hospitals and steps being taken by the city health department for the conservation of health.

Second, it is to determine the ideal number, grouping, location, character and functions of hospitals, medical and health institutions which can best serve Cleveland at present and during a reasonable future development of the city.

"Statistics show," Dr. Emerson said at a preliminary meeting, "that in Cleveland hospitals today there are only three beds for every thousand people in the city. Such a condition points out the inadequacy of facilities."

School Boards Order Vaccination

With twelve cases of smallpox present in Steubenville, eight of which were in unvaccinated school children, the city school board is-

sued a vaccination order December 3.

Piqua school authorities, also fearing further spread of the smallpox outbreak present in their city, issued a vaccination order late in December, to be effective with the reopening of school after the holiday vacation.

Akron's 1920 Budget

A health budget totaling $130,000 was recommended by Dr. C. T. Nesbitt, Akron health officer, for the year 1920. In 1919 $113,000 was requested and $86,000 was expended.

The increase, according to Dr. Nesbitt, would provide only for the normal needs of the department and not for extensions which he considers desirable.

The program covered by the proposed budget includes salary increases for employees, addition of ten new nurses and two dairy and food inspectors to the staff, increase of the clerical force, employment of a laboratory assistant to handle the increased work, employment of an additional physician for health supervision in six new schools to be opened and establishment of a dental clinic for school children.

Fined for Health Offense

Mrs. Oria Giffen of Chillicothe violated her physician's instructions and attended the movies after her illness had been diagnosed as smallpox. The excursion cost her a fine of twenty-five dollars assessed by Mayor Story.

VIEWS OF THE PRESS ON PUBLIC HEALTH

THE COUNTY'S HEALTH

There is something inspiring in the tremendous majority given by Summit County voters for the tuberculosis sanatorium bonds. It indicates that the people of this community are not only responsive to appeals for humanity's sake, but alive to the sound economic wisdom of reclaiming the afflicted.

There are two points worth noting in the decisive vote on the tuberculosis bonds.

One is that Summit County is going ahead with a genuine curative institution, regardless of what her associates in the district sanatorium may or may not do.

The other is that this community understands the importance of public health and is not going to be niggardly in undertaking any program that promises substantial protection of this most important of all civic assets.—Akron *Times*.

The success of local municipal government may be told with greater accuracy in death and morbidity statistics than in any other form. — Cincinnati Enquirer.

DISEASES NOTIFIABLE IN OHIO.

Report cases or suspected cases of the following diseases to the health officer having jurisdiction.

NOTIFIABLE INFECTIOUS DISEASES OF COMMON OCCURRENCE.

Chancroid.
Chickenpox.
Diphtheria and Membranous Croup.
Gonorrhea.
Influenza.
Measles.
Measles, German.
Meningitis, Epidemic Cerebrospinal.
Mumps.
Ophthalmia Neonatorum.
Pneumonia, Lobar.
Pneumonia, Broncho.
Poliomyelitis, acute infectious, (Infantile Paralysis).
Scarlet Fever.
Smallpox.
Syphilis.
Trachoma.
Tuberculosis, all forms, the organ or part affected to be specified.
Typhoid Fever.
Whooping Cough.

OTHER NOTIFIABLE INFECTIOUS DISEASES.

Actinomycosis.
Anthrax, human.
Cholera, Asiatic, (cholera nostras when Asiatic cholera is present or threatened).
Continued fever lasting seven days.
Dengue.
Dysentery:
a. Amebic.
b. Bacillary.
Favus.
Glanders, human.
Hookworm Disease.
Leprosy.
Malaria.
Paragonimiasis.
Paratyphoid Fever.
Plague.
Rabies, human.
Rocky Mountain spotted, or tick fever.
Septic sore throat.
Tetanus.
Trichinosis.
Typhus Fever.
Yellow Fever.

OCCUPATIONAL DISEASES AND DISABILITIES.

Anilin Poisoning.
Arsenic Poisoning.
Benzine (Gasoline) Poisoning.
Benzol Poisoning.
Bisulphide of Carbon Poisoning.
Brass Poisoning.
Carbon Monoxide Poisoning.
Compressed-air Illness.
Dinitrobenzine Poisoning.
Lead Poisoning.
Mercury Poisoning.
Naphtha Poisoning.
Natural Gas Poisoning.
Phosphorus Poisoning.
Turpentine Poisoning.
Wood Alcohol Poisoning.

Any other diseases or disability contracted as a result of the nature of the person's employment.

DISEASES OF UNKNOWN ORIGIN.

Cancer.
Pellagra.

IGNORANCE IS TRAGEDY

"Oh, yes, they'll have it anyway;
They'd better be exposed today" —
In ignorance so parents say.

* * * *

A bow of white upon the door —
A little voice is heard no more —
Another point on ignorance' score!

Guard your children against measles, whooping cough, diphtheria and scarlet fever.

To expose them to any of these diseases is to expose them to the danger of death.